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Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047 2015 Open to Public Inspection

<u>A</u>	For the 2015 c	alendar year, or tax year beginning $07/01/15$, and ending $06/30/1$	L6		
В	Check if applicable	C Name of organization SOUTHEASTERN MINNESOTA YOUTH		D Employer Id	lentification number
\Box	Address change	ORCHESTRA, INC.	j		
\Box	=	Doing business as		41-14	27785
닏	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone n	umber
	Initial return	1001 14TH ST. NW, SUITE 450		<u>507-2</u>	<u>82-1718</u>
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
		ROCHESTER MN 55901		G Gross receipt	147,108
\sqcup	Amended return	F Name and address of principal officer		_ -	
	Application pending	STEVE DICKES	H(a) is this a grou	up retum for subo	ordinates? Yes X No
D;		1001 14TH ST NW, SUITE 450	H(b) Are all subo	ordinates included	1? Yes No
2		ROCHESTER MN 55901		attach a list. (se	
}			-		,
<u> </u>	Tax-exempt status		4		
<u>~</u>		WW.SEMYO.ORG	H(c) Group exen		
<u> </u>	Form of organization		ear of formation 1	979 м	State of legal domicile MN
<u> </u>	Part I Su	ımmary			
\geq	1 Briefly de	scribe the organization's mission or most significant activities			
	SEMY	O IS DEDICATED TO THE ARTISTIC AND PERSONAL DEVELOPM	MENT OF YO	UNG	
ఆ≟⊑	INST	RUMENTAL MUSICIANS.			
Z.E					
귾	2 Check th	s box Fig. 1 if the organization discontinued its operations or disposed of more than 25%	of its not assets		
ైత	2 Number		OI IIS HEL ASSELS		10
ජ ග	3 Number	of voting members of the governing body (Part VI, line 1a)			
Ę.	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	10
Activities & Governance	5 Total nun	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	6
Ä	6 Total nun	nber of volunteers (estimate if necessary)		6	300
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	1,895
_	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
a	8 Contribut	ons and grants (Part VIII, line 1h)	57	7,450	49,437
Revenue	9 Program	service revenue (Part VIII, line 2g)	8	3,865	68,359
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		6	14
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,512	11,938
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,833	129,748
_	`` `	nd similar amounts paid (Part IX, column (A), lines 1–3)		155	8,725
	j .	F	·	7 1 3 3	0,729
	1	paid to or for members (Part IX, column (A), line 4)		5 E 0 0 1	
Ses.		other compensation, employee benefits (Part IX, column (A), lines 5–10)	4.3	3,508	42,053
xpenses	16a Professio	nal fundraising fees (Part X Column (A), ine 11e)			0
		draising expenses (Part-IX-column-(D)-Tine-25) 6,728			
Щ	17 Other exp	penses (Part IX, 550mn (A) Jines 11a-11d, 11f 24e)		5,208	97,271
	18 Total exp	enses Add lines 13 17 (must equal Part IX, cqluen (A), line 25)	164	1,871	148,049
	i 19 Revenue	less expenses Subtract line 18 from line 12 02	-10	0,038	-18,301
Net Assets or	9	OGDEN, UT	Beginning of Curr	rent Year	End of Year
sets	20 Total ass	ets (Part X, line 16)	117	7,337	107,236
S a	21 Total liab	lities (Part X, line 26)		L,355	10,000
E SE	22 Net asse	s or fund balances Subtract line 21 from line 20	115	982	97,236
		gnature Block			
	·	perjury, I declare that I have examined this return, including accompanying schedules and statemen	ts and to the hes	t of my knowle	adre and helief it is
		omplete -Declaration of preparer-(other than officer) is based on all information of which preparer has		. or my mount	sage and belief, it is
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5-	15-2017
e:		gname of officer		Date	15 2017
Sig	5'' (Date	
He	, , , , ,	Board Resident			
		ype or print name and title			
_		preparer's name Preparer's signature	Date	Check	f PTIN
Pai	d ALAN C	ANDERSON CHAM CINGUISM	5-15-	self-emplo	yed P00947443
Pre	parer Firm's nai	ne ALAN C. ANDERSON CHARTERED, CPA	Fu	m's EIN	41-1326473
Use	e Only	121 14TH STREET NE, SUITE B			(3)
	Firm's add	DOCUMENTS MN FEOOC	ام [none no	507-288-394 ⁷
May		s this return with the preparer shown above? (see instructions)			X Yes No

			INNESUTA TOUTH	41-1427785	Page 2
₽			Service Accomplishments tains a response or note to any lir	ne in this Part III	П
1		organization's mission		io in the raix iii	<u></u>
:	SEMYO IS DE	DICATED TO	THE ARTISTIC AND PER	SONAL DEVELOPMENT OF	YOUNG
	INSTRUMENTA	L MUSICIANS	S.		
	Did the organization	undertake any signific	ant program services during the year which	h were not listed on the	
_	prior Form 990 or 99		ant program services during the year willo	if were not listed on the	Yes X No
		ese new services on S	chedule O.		
3			make significant changes in how it conduc	ts, any program	
	services?				lacksquare Yes $lacksquare$ No
	If "Yes," describe the	ese changes on Sched	tule O		
4			ce accomplishments for each of its three la		
			organizations are required to report the a	mount of grants and allocations to others,	
	the total expenses, a	and revenue, it any, to	r each program service reported		
	a (Code.)	(Expenses \$	118, 450 including grants of \$	8,725) (Revenue	68,359)
	•	• •		M SEPTEMBER THROUGH	
				'E IN TWO TOURS TO LO	
				TER CLASSES WITH A C	
(ORCHESTRA A	ND SECTIONA	AL COACHES. CHILDREN	ARE GIVEN THE OPPORT	UNITY TO
				ERFORM AS ENSEMBLES	AND
	INDIVIDUALS	ON A VOLUM	NTEER BASIS FOR COMMU	NITY EVENTS.	
4t	(Code.) ((Expenses \$	including grants of \$) (Revenue	B)
			•	, ,	,
40	(Code)((Expenses \$	including grants of \$) (Revenue S)
40	Other program service	ces (Describe in Sche	•) (D	,
	(Expenses \$	- aumanasa N	including grants of \$) (Revenue \$	
<u>4e</u>	Total program servic	e expenses >	118,450		

	n 990 (2015) SOUTHEASTERN MINNESUTA YOUTH 41-142//85			age
<u> P</u>	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		168	No
•	complete Schedule A	1	_x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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,	- 1		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
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	7	<u></u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	_ 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			Ì
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	İ		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			İ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ļ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	_11b		X
С	• • • • • • • • • • • • • • • • • • • •			1
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			,,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		Y
17		16		X
. /	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		-43
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-"		<u> </u>
	The first and an arrangement of the state of			

If "Yes," complete Schedule G, Part III

_	n 990 (2015) SOUTHEASTERN MINNESOTA YOUTH 41-142//85			age 4
_ <u>P</u> ;	art IV Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
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			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	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	22	X	ŀ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			i
	organization's current and former officers, directors, trustees, key employees, and highest compensated	j]]
	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	j	1	Ì
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b]
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			}
	to defease any tax-exempt bonds?	24c	<u> </u>	<u> </u>
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	[(1
	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		ł	l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		l	l
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or	J	Ì	Ì
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ľ	ì	Ì
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ì	}
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			Ī
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	į		ŧ
а	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	}	1	١
	Schedule L, Part IV	_28b	├	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	١.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
24	conservation contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	 	X
JŁ	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		<u> </u>
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R Part I	33_]	X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	- 55		 ``
J 4	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		X
Ь	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	}	ł
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	- <u></u>	<u> </u>	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	}	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ	}	1
	Part VI	37		X
38	Did the organization complete Schedule O and provide evolanations in Schedule O for Part VI, lines 11h and]	

19? Note. All Form 990 filers are required to complete Schedule O

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	. Check if Schedule O contains a response or note to any line in this Part V	 i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ŧ.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		[
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			į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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	Χ	
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	1		ŧ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			Ī
	(FBAR)			Į.
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	L	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]	}	ł
	organization solicit any contributions that were not tax deductible as chantable contributions?	_6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			}
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			Ī
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
٠	required to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	1.0		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	·	<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		L
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		<u></u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			ŧ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			•
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	—┨ <u></u> ┃		ŧ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified represent health incurance incurre			l
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		
а	Note. See the instructions for additional information the organization must report on Schedule O	134		
ь	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			l
С	Enter the amount of reserves on hand			ŧ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

DAA

Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI $|\mathbf{X}|$ Section A. Governing Body and Management Yes No 10 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 10 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MN 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 \square Another's website $|\overline{X}|$ Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records. AMY WRIGHT 1001 14TH ST NW - SUITE 450 MN 55901 507-282-1718 ROCHESTER

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

 $old \Sigma$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) STEVE DICKES	1 00		[
PRESIDENT	1.00 0.00	X		X				0	0	0
(2) ERIC SANDERS	0.00	$\stackrel{\triangle}{}$	\vdash						<u> </u>	
` '	1.00	1	Ì							
TREASURER	0.00	X	<u> </u>	X				0	0	0
(3) KARI WRIGHT	1 00	İ	1							
SECRETARY	1.00 0.00	X		X				o	0	0
(4) MIKE SMITH	0.00	1	-	1	-				0	
` '	1.00									
PRESIDENT ELECT	0.00	X		X				0	0	0
(5) JILL MARAGANORE	1 00									
PAST PRESIDENT	1.00 0.00	X	}					0	0	0
(6) JAN GLOWACKI	0.00	├^	\vdash	-						
DIRECTOR	1.00	Х						0	0	0
(7) PAMELA SINICROPE										
	1.00									
DIRECTOR	0.00	X	├—	\vdash		\vdash		0	0	0
(8) JUDY HICKEY	1.00	X						0	0	0
DIRECTOR (9) AMELIA BARWISE	0.00	┝	-	-		\vdash				
DIRECTOR	1.00	X						0	0	0
(10) DR. ALAN DUNCAN	0.00	^	 			\vdash			<u> </u>	•
	1.00							_		_
DIRECTOR	0.00	X	├—			\vdash		0	0	0
(11)										

	(A) Name and title	(B) (C) Average Position hours per (do not check more than one box, unless person is both a officer and a director/fustee hours for						ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
		riours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	,	organiza	ition ited	
													·	
														
										<u></u>				
								-			_	.		
1b c	Sub-total Total from continuation shee	ets to Part VII. S	ectio	n A				>						
d 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compensation fro	luding but not lim	ited		ose I	istec	abo	ve)	who received more than \$10	00,000 of				
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	mer officer, direc	tor, d	or tru	ıch iı	ndıvi	dual	-	,			3	Yes	No X
5	organization and related organi individual Did any person listed on line 1a	zations greater the receive or accru	nan \$ ne co	150, mpe	0007 nsati	on fr	res," om a	con	nplete Schedule J for such unrelated organization or ind			4		X
Sect	for services rendered to the orgion B. Independent Contractor	rs										5		<u>X</u>
1	Complete this table for your five compensation from the organize	ation Report con	sate npen	d ind satio	eper n for	the	t con caler	trac ndar	year ending with or within t	he organization's tax year			(C)	
	Name and	(A) business address				_			Descript	(B) ion of services		Con	(C) pensatio	on
									······································				N.W.	
								!			$\overline{}$			
														
2 DAA	Total number of independent correceived more than \$100,000 or	ontractors (includ f compensation f	ing b	ut no	t lim rgan	ıted	to the	ose	listed above) who	0			990	(0045)

Fé	irt V	Statement of Reversible . Check if Schedule		tains a i	response o	r note to any line in	this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
स्य	1a	Federated campaigns	1a				revence		012-014
Program Service Revenue Contributions, Gifts, Grants Amounts	ь	Membership dues	1b						
Ağ,	С	Fundraising events	1c						
뜷	d	Related organizations	1d						
S.E	е	Government grants (contributions)	1e		1,498			1	
tion S S	f	All other contributions, gifts, grants,	1 (1	
鲿		and similar amounts not included above	1f		47,939			1	
425	g		·1f \$	5				1	
<u>ૻ គ</u>	h	Total. Add lines 1a-1f			<u> </u>	49,437			·
nne					Busn Code			Į.	
eve	2a				611600	60,110	60,110		
Se R	b	PERFORMANCES			711130	8,249	8,249		
چَز	C				 				
Š	a				 				
grar	•	All other program service reve			 				
Pro	, a	Total. Add lines 2a-2f	IUC		-	68,359	L_	L	
	3	Investment income (including of	lividend	s. interes					
		and other similar amounts)		o,o. oo	" ▶	14]	14
	4	Income from investment of tax	-exempt	bond pro	ceeds				
	5	Royalties							
		(i) Real		(u) F	ersonal				
	6a	Gross rents						I	
	b	Less rental exps						1	
	C	Rental inc or (loss)						I	
	_d	Net rental income or (loss)							
	/a	Gross amount from sales of assets (i) Secunties		(11)	Other				
		other than inventory						1	
	b	Less cost or other						I	
		basis & sales exps						1	
		\' '\ 				1		Į.	
		Net gain or (loss)			▶				······································
e n	Вa	Gross income from fundraising ever	าเร			1		I	
le l		(not including \$				1		1	
&		of contributions reported on line 1c) See Part IV, line 18]		24,627	1		1	
Other Revenue	h	Less direct expenses	,		14,584	1		1	
ŏ		Net income or (loss) from fund	raising e	events	<u> 14,304</u>	10,043		Ī	
		Gross income from gaming activitie		, veriles		10/043			
- [-	See Part IV, line 19	a			1		I	
	b	Less. direct expenses	ь			1		•	
- 1		Net income or (loss) from gam	ing activ	rities	•	Ţ		Ţ	
		Gross sales of inventory, less	Ĭ						······································
ĺ		returns and allowances	a		1,854	1		Į.	
- 1	b	Less cost of goods sold	b [2,776	1		1	
	С	Net income or (loss) from sales	of inve	ntory	•	-922		-922	
1		Miscellaneous Revenue			Busn. Code				
l	11a	ADVERTISING			541800	2,817		2,817	
	b								
	С								
	d	All other revenue			L				
)		Total. Add lines 11a-11d			>	2,817			
	12	Total revenue. See instruction	S		▶_	129,748	68,359	1,895	14

Part IX Statement of Functional Expenses

Do not Include am ounts reported on lines 6b, 79,88,8b, and 100 of Part VIII. 1 Grate and the saustrance to demand registrations and contract registrations and registrations	Sect	on 501(c)(3) and 501(c)(4) organizations must co			ete column (A)	ত্
Total incipants Total incipants Total incipants Pogenia monocompetitive Pogenia monoco					<u>(C)</u>	(N)
Carts and other assistance in developments be Perit V, line 2		The state of the s	Total expenses	Program service	Management and	Fundraising
and downsex-powermounts be Part IV, Inc 22 Grants and other assertance to domestic individuals. See Part IV, Inc 22 Grants and other assertance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Inc 15 and 16 Bernefits paid on of for members Compensation of current officers, directors, fusicles, and key employees Compensation of current officers, directors, fusicles, and key employees Compensation of actual deal down, to dequalified persons (as defined under sensor ASSE(QI)III and persons described in section 48SE(QI)III nd the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II and the section 48SE(QI)II a				expenses	general expenses	expenses
2 Grants and other assistance to domestic individuals See Part IV, Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foeign individuals See Part IV, Ines 15 and 16 4 Benefits pact to or for members 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation of current officers, directors, trustees, and key employees 9 Compensation of current officers, directors, trustees, and key employees 9 Compensation of excitate date, but its design of paramon described in section 4560(f)(f) and paramon described in section 4560(f)(f) and paramon described in section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide persons (as defined under section 4560(f)(f) and divide file and divide divide (as defined under section 4560(f)(f) and divide file and divide (as defined under section 4560(f)(f) and divide file and divide (as defined under section 4560(f)(f) and divide file and divide (as defined under section 4560(f)(f) and divide file and divide (as defined under section 4560(f) and divide file and divide file and divide file and di	7	<u> </u>				
Separation See Part IV, line 22 8 , 725 8 , 725						
3 Gards and other assestance to foreign organizations, foreign pure manifer foreign pure manifer such as foreign pure manifers, and tracegory and individuals. See Part IV, Inte 15 and 16 4 Benefits paid to or foreign-developers Compensation of outrent officers, directors, trustees, and key employees Compensation of outrent officers, directors, trustees, and key employees Compensation of outrent officers, directors, trustees, and key employees Compensation of outrent officers, directors, trustees, and key employees Compensation of outrent officers, directors, trustees, and key employees Compensation on circulated above, to desqualified persons (sectional networks) (if yet and 4030) employer contributions) Compensation of trustees Compensation and accusts and contributions (include section 401(4) and 4030) employer contributions) Compensation of trustees Comp	2		0 725	0 705	•	
organizations, foreign governments, and foreign networkals See Part IV, Intex 5 and 16 6 4 Bennetits pard to or for members 5 Compensation of current difficers, directors, trustees, and key employees 6 Compensation not included above, to desqualified persons (as direction 4585(x)3(β) 7 Other satisfaction data of control 4585(x)3(β) 8 Pension plan accruate and combutations (include section 4585(x)3(β) 9 Other employee benefits 9 Other employee benefits 10 Payroli taxes 11 Fees for services (non-employees). a Management 1 Legal 1 C Accounting 1 Lobbyring 1 Information information services and promotion of the services	_	· -	0,725	8,125		
Montrolate See Part IV, lines 15 and 16	3	_			1	
4 Benefits paid to of tor members 5 Compensation of current officers, directors, tristees, and key employees 6 Compensation not included above, to dequalified persons (see officer during section 4956(x)(3)(8) 7 Other salenses and wages scrot officers and contributions (include section 4910) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). 12 Management 13 Legal 14 Lobbyring 15 Provides and fundrains services See Part IV, bin 17 Investment management Sees 15 Other (If the 11g amount exceeds 10% of the 25 culum (J) amount, its limit 15g persone of Stocket () 1 1, 445 1, 3, 31.9 15 Office expenses 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 19 Payments to affiliates 19 Conferences, conventions, and meetings interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 19 Payments to affiliates 19 Conferences, conventions, and meetings interest 1 Interest to affiliates 10 Depreciation, depletion, and amortization (A) amount, it limit limit and the proposes of the 25 culum (A) amount, it limit limit the 49 expenses on Schedule () 1 3, 102 1					1	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to dequalified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and approximate an acruels and contributions (include section 401(f)) and 403(f) employer contributions) 7 Other employee benefits 9 Other employee benefits 1 Person for acruels and contributions (include section 401(f)) and 403(f) employer contributions) 8 Management 1 Fees for services (non-employees). 9 Management 1 Legal 1 Fees for services (non-employees). 9 Management 1 Legal 2 Accounting 9 Other (fine 1t) amount decessed 16% of the 25 column (A) amount, list in a grant concess 16% of the 25 column (A) amount, list in a figure services and the figure services of the services of the figure services of the services of		-				
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persons (as defined under section 4958((y))) and persons described in section 4958((y))) and persons described in section 4958((y))(a)(a) 7 Other satishnes and wages 37,727 25,655 6,036 6,036 8 Person pian accurate section 4958((y)) and 495(t) employee contributions) 9 Other employee benefits 10 Payroll taxes 4,326 2,942 692 692 11 Fees for services (non-employees). a Management b Legal C Accounting 900 900 900 d 90	_					
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10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (filme 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 14 7, 842 14 7, 842 15 Advertising and promotion 16 Occupancy 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 20 Depreciation, depletion, and amortization 18 Insurance 21 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) 2a COMMUNITY OUTREACH 2b MUSIC 2 DUES 3 96 3 JUDGES AND COACHES 4 A) 00 400 5 22, 871 6 6, 728 5 Insurance 5 Total function expenses 6 A) 18, 37 1, 837 1, 837 2, 100 1 48, 94 1 18, 450 2 22, 871 6 6, 728 5 Insurance 6 A) other expenses 7 A) of the expenses 7 B) of the expenses 8 B) 6 7 Community Outreach 8 B) 6 7 Community Outreach 8 B) 6 7 Community Outreach 9 Community O						
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a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (if the 11g amount exceeds 10% of Ine 25, cultum) (A) amount, six line 11g expenses on Standake 0) 47, 842 47, 842 47, 842 24, 842 317 317 317 317 317 317 317 317 317 31	10	-	4,326	2,942	692	692
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13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 19,330 10,489 8,841 17 Travel 11,242 11,24		- 1		47,842		
14 Information technology 15 Royalties 16 Occupancy 19,330 10,489 8,841 17 Travel 1,242 1,242 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,242 1,242 20 Interest 20 Interest 20 Interest 21 Payments to affiliates 21 Payments to affiliates 884 795 89 23 Insurance 4,756 3,567 1,189 24 Other expenses. Itemize expenses not covered 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 0) 3,567 1,189 4 MUSIC 1,837 1,837 1,837 b MUSIC 896 896 896 d JUDGES AND COACHES 400 400 400 400 e All other expenses 1,001 409 592 592 25 Total functional expenses. Add lines 1 through 24e 148,049 118,450 22,871 6,728 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here bit of the state bit of the state bit of the state bit of the state bit of the state bit of the stat	12	Advertising and promotion				
15 Royalties 16 Occupancy 1 19,330 10,489 8,841 17 Travel 1 1,242 1,242 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Officer expenses, Itemize expenses not covered 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 0) 2 COMMUNITY OUTREACH 2 MUSIC 2 DUES 3 MUSIC 4 DUES 4 JUDGES AND COACHES 4 JUDGES AND COACHES 4 All other expenses 1,001 409 592 25 Total functional expenses, Add lines 1 through 24e 148,049 118,450 22,871 6,728 15 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶	13	•	4,764	1,445	3,319	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered 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 0) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1, 001 13, 102 14, 896 15 Outs 16 Outs 17 Outs 18 96 16 JUDGES AND COACHES 17 Outs functional expenses. Add lines 1 through 24e 148, 049 118, 450 22, 871 6, 728	14	Information technology				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered 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 0) 2 COMMUNITY OUTREACH 2 DUES 3 DUES 4 JUDGES AND COACHES 4 JUDGES AND COACHES 5 All other expenses 1,001 409 592 5 Total functional expenses. Add lines 1 through 24e 5 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 ▶	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List imscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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	16	, ,			8,841	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered 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) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	17	Travel	1,242	1,242		
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered 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 0) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 21 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 ▶	18					
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Payments to affiliates 22 Depreciation, depletion, and amortization 884 795 89	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization 884 795 89						
23		-				
Other expenses. Itemize expenses not covered 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 0) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 7 Total functional expenses. Add lines 1 through 24e 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 (Indianal expenses) If the content of the con	-	· · · · · · · · · · · · · · · · · · ·				
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 0) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1,001 400 25 Total functional expenses. Add lines 1 through 24e 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 interval 13,102 13,102 13,102 1,837 2,896 400 400 400 22,871 6,728			4,756	3,567	1,189	
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(A) amount, list line 24e expenses on Schedule O) a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1,001 25 Total functional expenses. Add lines 1 through 24e 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 i 13,102 13,102 1,837 2,896 400 400 409 592 21,871 6,728		,	1		!	
a COMMUNITY OUTREACH b MUSIC c DUES d JUDGES AND COACHES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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		· · · · · · · · · · · · · · · · · · ·	1		1	
b MUSIC c DUES d JUDGES AND COACHES e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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		· · ·				
c DUES d JUDGES AND COACHES e All other expenses 1,001 1409 592 Total functional expenses. Add lines 1 through 24e 148,049 118,450 22,871 6,728 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	а					
d JUDGES AND COACHES e All other expenses 1,001 1409 592 Total functional expenses. Add lines 1 through 24e 148,049 118,450 22,871 6,728 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	þ			1,837		
e All other expenses 1,001 409 592 25 Total functional expenses. Add lines 1 through 24e 148,049 118,450 22,871 6,728 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	С				896	
25 Total functional expenses. Add lines 1 through 24e 148, 049 118, 450 22, 871 6, 728 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	d	,				
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	е	All other expenses				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	_		148,049	118,450	22,871	6 , 728
fallannan COD 00 0 /ACC 000 700\	26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	DAA	following SOP 98-2 (ASC 958-720)	<u>.</u>	<u></u>		Form 990 (2015)

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 37,926 45,867 1 Cash-non-interest bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 ß Notes and loans receivable, net 7 Inventories for sale or use 8 4.081 3,250 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 2,454 10c 1,570 b Less accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 64,935 64,490 15 15 Other assets See Part IV, line 11 117,337 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 855 17 Accounts payable and accrued expenses 17 18 18 Grants payable 500 10,000 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 355 10,000 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 115,982 27 97,236 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 115. 982 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances

orm	990 (2015) SOUTHEASTERN MINNESOTA YOUTH 41-142//85			_Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,748
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,049
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-1</u>	8,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	<u>5,982</u>
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		<u>-445</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	9	7,236
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			1
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			ı
	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			
	separate basis, consolidated basis, or both			1
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		[[Ì
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ı
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHEASTERN MINNESOTA YOUTH

Employer Identification number 41-1427785

ORCHESTRA, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-9 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

Page 2

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

	(Complete only if you che Part III. If the organization						ualify u	ınder		
Sec	tion A. Public Support									
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				 .					
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									
4	Total. Add lines 1 through 3									
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)									
6	Public support. Subtract line 5 from line 4		<u> </u>							
	tion B. Total Support									
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total		
7	Amounts from line 4		<u> </u>							
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 carned on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				•••••					
11	Total support. Add lines 7 through 10	L	<u> </u>							
12	Gross receipts from related activities, etc. (•					12			
13	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)		, ,		
	organization, check this box and stop here							P		
	tion C. Computation of Public Su						T 44 T			
14	Public support percentage for 2015 (line 6,	• • •	•	(†))			14	<u>%</u>		
15	Public support percentage from 2014 Sche				1/20/h-	-l. 4b	15	%		
16a	33 1/3% support test—2015. If the organi				1/3% or more, che	ck uns		▶ □		
	box and stop here. The organization qualif	· -			a 22 1/20/ as mass					
b	33 1/3% support test—2014. If the organic			•	8 33 1/3% OF MORE	1		▶ □		
470	check this box and stop here. The organiz	· ·		-	or 16h, and line 1.	f ie				
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10%-facts-and-circumstances test—20° 15 is 10% or more, and if the organization in Explain in Part VI how the organization mesupported organization	meets the "facts-ar	nd-circumstances" to	est, check this box	and stop here.			▶ [
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see			٠ ــ		

instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	62,574	78,737	59,498	57,450	49,437	307,696
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	104,095	111,178	94,033	97,410	92,986	499,702
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	166,669	189,915	153,531	154,860	142,423	807,398
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	<u> </u>					807,398
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	166,669	189,915	153,531	154,860	142,423	807,398
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5	7	8	6	14	40
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,283	150		300		1,733
С	Add lines 10a and 10b	1,288	157	8	306	14	1,773
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)	167,957	190,072	153,539	155,166	142,437	809,171
14	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	, or fifth tax year as			
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su		· *				
15	Public support percentage for 2015 (line 8,	• •	•))		15	99.78%
16	Public support percentage from 2014 Sche					16	99.53%
	tion D. Computation of Investme					147	0/
17 18	Investment income percentage for 2015 (lin Investment income percentage from 2014 state)		=	numm (1))		17	<u>%</u> %
19a	33 1/3% support tests—2015. If the organ			l and line 15 is mo	re than 33 1/3% a		
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2014. If the organ	x and stop here. The	e organization qua	lifies as a publicly s	upported organizat	ion	▶ X
	line 18 is not more than 33 1/3%, check this	s box and stop here	. The organization	qualifies as a public	dy supported organ		> [
<u>20</u>	Private foundation. If the organization did	not check a box on l	ine 14, 19a, or 19b	, cneck this box an	a see instructions		P

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

,600	ion A. All Supporting Organizations		Van	N-
		F	Yes	No
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	1		
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)	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	3a		
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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	<u> </u>	
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	4b		
С	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	4c		
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).	5a	į į	
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?	5b]	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			}
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6]	
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)	7	İ	Ì
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)	8	[
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	- <u></u>	 	
ya	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ļ		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	ĺ	Ì
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	34		
J	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		l
	are supportant organization nad an interest, it ies, provide detail it fait th	1 30	i .	1

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.

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings)

9с

10a

10a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org		ns	- age o
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
other Type III non-functionally integrated supporting organizations must complete Sections			
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		L
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<u> </u>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			j
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)			
a Average monthly value of securities	1a		<u></u>
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):			<u> </u>
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,			
see instructions)	4		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recovenes 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		
7 Check here if the current year is the organization's first as a non-functionally-integrated	Type III su	pporting organization (se	e
instructions)		· ·	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Breakdown of line 7

c Excess from 2013 d Excess from 2014 e Excess from 2015

b

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

2015 Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 Inspection Name of the organization Employer identification number SOUTHEASTERN MINNESOTA YOUTH ORCHESTRA, INC. 41-1427785 Part 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under 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 b 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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Sche	edule D (Form 990) 2015 SOUTHEAS	TERN MINNES	SOTA YOUTH		41-1	427785		P	age 2
Pa	ert III Organizations Maintainir	g Collections of	Art, Historical T	reasures, o	or Other	Similar Assets	(continu		
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the follo	wing that are a	a signıfican	t use of its			
а	Public exhibition	d \square	Loan or exchange pro	ograms					
b	Scholarly research		Other	-g					
c	Preservation for future generations	٠ ـــا							
4	Provide a description of the organization's c	ollections and explain h	now they further the or	raanization's e	vemnt nurr	nose in Part			
•	XIII	oncono una explanti	iow andy farance are of	igamzation o c	Acript purp	oose iii i uit			
5	During the year, did the organization solicit of	or receive donations of	art historical treasure	e or other ein	nilar				
ŭ	assets to be sold to raise funds rather than t		=	•	IIIQI			es	No
D:	art IV Escrow and Custodial A		it of the organization s	Collection		 		es _	ino
	Complete if the organization	•	on Form 990 P:	art IV line 9	or reno	orted an amount	on Form	1	
	990, Part X, line 21.	manowered res	0111 01111 000, 11	are re, into c	o, or repe	nted an amount	011 1 0111		
12	Is the organization an agent, trustee, custod	an or other intermedia	ny for contributions or	other assets r		.			
ıa	included on Form 990, Part X?	ian or other intermedia	ry for contributions of	Other assets i	iot			es 「	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fello	wana tahla				[_] r	ES [JINO
U	in res, explain the arrangement in Fatt Am	and complete the tollo	wing table				Amour	.+	
_	Pagunana halanaa					 	Ailloui	···	
	Beginning balance					1c		-	
	Additions during the year					1d			
_	Distributions during the year					1e			
f	Ending balance					_1f			
	Did the organization include an amount on F				-		Y	es 崖	No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been pro	vided on Part	XIII				
Pa	ert V Endowment Funds.								
	Complete if the organization	n answered "Yes"	on Form 990, Pa	art IV, line 1	10.		-		
		(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three years back	(e) Fot	ır years	back
1a	Beginning of year balance					· · · · · · · · · · · · · · · · · · ·			
b	Contributions								
С	Net investment earnings, gains, and			:					
	losses			<u> </u>					
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 cur	rent year end balance ((line 1g. column (a)) h	eld as		,			
а	Board designated or quasi-endowment ▶	%	(19) (-/)						
	Permanent endowment ▶ %								
	Temporanly restricted endowment ▶	%							
Ū	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	·	on that are held and a	dministered fo	r tho				
Ju	organization by	.33ion of the organization	on that are new and a	diministered to	ii ii ic			Yes	No
	(i) unrelated organizations						2-(i)	162	NO
	•						3a(i)	<u> </u>	_
	(ii) related organizations	-h h-h-di	d are Cabadula DO				3a(ii)		-
	If "Yes" on line 3a(ii), are the related organiz	•					_3b		
4	Describe in Part XIII the intended uses of the		ment funds			 			
r a	Land, Buildings, and Equ				4 - 0	5 000 D 1		_	
	Complete if the organization								
	Description of property	(a) Cost or other b	1 ''	r other basis	1	Accumulated	(d) Book	value	
		(investment)	(ot	ther)	d∈	preciation			
	Land				ļ				
b	Buildings								
С	Leasehold improvements								
d	Equipment			42,949		41,379		1,	570
_е	Other								
Total	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	(, column (B), line 10c	:)				1,	570
						Cab.	dula D (Ea		

Part VII	Investments—Other Securities.	/ # 5 000 D (IV / I'	441. O F 000 Ded V	line 42
	Complete if the organization answered "			
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial of	_ 		god of the or year man	
	eld equity interests			
(3) Other	ed equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.			
	Complete if the organization answered ")	Yes" on Form 990, Part IV, line	11c. See Form 990, Part X	, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuate	on
			Cost or end-of-year mark	et value
_(1)	<u> </u>			
(2)				
(3)				
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			<u></u>
Part IX	Other Assets. Complete if the organization answered "	es" on Form 990 Part IV line	11d See Form 990 Part X	line 15
	(a) Desi		114: Gee 1 Gilli GGG, 1 Gil A	(b) Book value
(1)	MUSIC COLLECTION			54,03
(2)	BENEFICIAL INTERES	T IN FOUNDATION		10,46
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15.)		>	64,49
Part X	Other Liabilities.			
	Complete if the organization answered "	res" on Form 990, Part IV, line	11e or 11f. See Form 990,	Part X,
	line 25			
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
_(3)				
_(4)	<u> </u>			
(5)				
(6)				
(7)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25)			
Liability for	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's financial	cial 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 XIII

Part XIII Supplemental Information.

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2015 SOUTHEASTERN MINNESOTA YOUTH
Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2015

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **2015**

Open to Public

larme of the organization SOUTHEASTERN MINNE.	SOTA YOUT		2114 165		Employer identifica	
ORCHESTRA, INC.					41-14277	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	o complete this	part			90, Part IV, line	17.
1 Indicate whether the organization raised funds through ar	y of the following a	ctivitie	s Ch	eck all that apply.		
a Mail solicitations	e Solicitation	of nor	1-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	/emm	ent grants		
c Phone solicitations	g Special fun-	draisır	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	connection with pro	ofessio	onal fu	undraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities (fur compensated at least \$5,000 by the organization	ndraisers) pursuant	to agr	reeme	ents under which the fund	Iraiser is to be	
(I) Name and address of individual or entity (fundraiser)	(II) Activity	raisei custo cont	d fund- r have ody or rol of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
, , , , , , , , , , , , , , , , , , , ,		Yes	No			
1						
2		\vdash			·	
4						
3						
TOTAL CONTRACTOR OF THE CONTRA						
4						
- Partition - Part	···	ļ				
5						
6						
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7	+					
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8						
9	-	 				
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otal	· · · · · · · · · · · · · · · · · · ·	•	•		·	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

SOUTHEASTERN MINNESOTA YOUTH

41-1427785 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 'than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through NONE SALES FUNDRAISE col (c)) (total number) (event type) (event type) Revenue 17,428 17,428 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 17,428 17,428 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 12,039 12,039 9 Other direct expenses 12,039 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Yes No Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2015	SOUTHEASTERN	MINNESOTA	YOUTH	41-142778	5	Page 3
11	Does the organization conduct gaming a	ctivities with nonmembers?	,			Yes	☐ No
12	Is the organization a grantor, beneficiary	or trustee of a trust or a m	ember of a partnersh	p or other entity			<u></u>
	formed to administer charitable gaming?					Yes	∐ No
13	Indicate the percentage of gaming activi	ty conducted in			1.5		
а	The organization's facility				13a		%
b	An outside facility				_13b		<u>%</u> _
14	Enter the name and address of the pers records	on who prepares the organ	ization's gaming/spec	iai events books and			
	records						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract w	oth a third party from whom	the organization rece	eives gaming		□ v	□ N ₂
	revenue?				and the	∐ Yes	∐ No
D	If "Yes," enter the amount of gaming rev amount of gaming revenue retained by		uzation ► \$		and the		
С	If "Yes," enter name and address of the	• •					
	iii roo, one name and adares or me	p =,.					
	Name ►						
	Address ▶						
16	Gaming manager information.						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer Em	ployee Inde	ependent contractor				
47	N. S. and and a state of the st						
17 a	Mandatory distributions Is the organization required under state	law to make charitable dist	abutions from the gar	ning proceeds to			
a	retain the state gaming license?	taw to make chantable dist	noutions from the gui	ming proceeds to		Yes	No No
b	Enter the amount of distributions require	ed under state law to be dis	tributed to other exem	pt organizations or			
	spent in the organization's own exempt	activities during the tax yea	г▶ \$			·	
Pai	t IV Supplemental Informa Part III, lines 9, 9b, 10b instructions).						
							

Open to Public Inspection ŝ 2015 OMB No 1545-0047 \times (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form **Employer identification number** 41-1427785 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable SOUTHEASTERN MINNESOTA YOUTH General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization ORCHESTRA, or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part # Part ε 3 3 3 3 9 8 8 9

Schedule I (Form 990) (2015)

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

Schedule I (F	Schedule I (Form 990) (2015) SOUTHEASTERN MINNESOTA YOU'	N MINNESOTA YOU	ľH	41-1427785		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	to Domestic Individual lional space is needed.	s. Complete if the or	ganization answered	"Yes" on Form 990, Part IN	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHO	1 SCHOLARSHIPS	26	8,725			
2						
3		9. 9				
4						
S						
9						
7						
Part IV	Supplemental Information. Provide the information requ	wide the information req	uired in Part I, line 2,	, Part III, column (b),	uired in Part I, line 2, Part III, column (b), and any other additional information.	formation.

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

SOUTHEASTERN MINNESOTA YOUTH ORCHESTRA, INC.

Employer identification number 41-1427785

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS PARENTS OF THE CHILDREN REGISTERED WITH THE ORGANIZATION ARE CONSIDERED MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ARE ALLOWED TO NOMINATE AND VOTE ON THE OFFICERS AND DIRECTORS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY SELECTED BOARD MEMBERS SUBSEQUENT TO THE RETURN BEING FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANY CHANGES TO COMPENSATION ARE DISCUSSED AT BOARD MEETINGS AND SUBJECT TO APPROVAL BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION MADE AVAILABLE ON A CASE BY CASE BASIS.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

ARTISTIC FEES

47,842 \$

0

0

Name of the organization	Employer Identification n	umber
SOUTHEASTERN MINNESOTA YOUTH	41-142778	5
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	S EXPLANATION	<u>.</u>
CHANGE IN BENEFICIAL INTEREST	\$	-445
TOTAL	\$	-445