## **Return of Organization Exempt From Income Tax**

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

2016 Open to Public Inspection

Department of the Treasuntemal Revenue Service	Do not enter social security numbers on this form as it may be information about Form 990 and its instructions is at www.ir.	e made public.	Open to Public Inspection
A For the 2016 c	alendar year, or tax year beginning $07/01/16$ , and ending $06/30/$		
3 Check if applicable	C Name of organization SOUTHEASTERN MINNESOTA YOUTH	D Employe	er identification number
Address change	ORCHESTRA, INC.		
Name change	Doing business as	41-1	.427785
Ξ ΄	Number and street (or P O box if mail is not delivered to street address)	Room/suite E Telephor	
Initial return 	1001 14TH ST. NW, SUITE 450  City or town, state or province, country, and ZIP or foreign postal code	L 307-	-282-1718
terminated			150 550
Amended return	ROCHESTER MN 55901  F Name and address of principal officer	G Gross rec	peipts \$150,773
Application pending		H(a) Is this a group return for s	subordinates? Yes X No
Application penting	STEVE DICKES		
	1001 14TH ST NW, SUITE 450	H(b) Are all subordinates incl	
	ROCHESTER MN 55901	If "No," attach a list	(see instructions)
Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	2	
Website: ► M	WW.SEMYO.ORG	H(c) Group exemption number	
. Form of organization		Year of formation 1979	M State of legal domicile MN
Part I Su	mmary I		
1 Briefly de	scribe the organization's mission or most significant activities		
semy	O IS DEDICATED TO THE ARTISTIC AND PERSONAL DEVELOP	MENT OF YOUNG	
INST  Coverage  Coverage	RUMENTAL MUSICIANS.		
<u>ב</u>			
2 Check th	s box > if the organization discontinued its operations or disposed of more than 25%	6 of its net assets	
3 Number	of voting members of the governing body (Part VI, line 1a)	3	8
M A Number	of independent voting members of the governing body (Part VI, line 1b)	4	8
E Total sur	iber of individuals employed in calendar year 2016 (Part V, line 2a)	<del></del>	4
5 Total num		5	
	aber of volunteers (estimate if necessary)	6	300
	elated business revenue from Part VIII, column (C), line 12	<u>7a</u>	3,111
b Net unrel	ated business taxable income from Form 990-T, line 34	7b	572
9 Contribut	one and graphs (Port VIII. line 1h)	Prior Year 49, 437	<u>Current Year</u> 51, 314
O Continuo	ons and grants (Part VIII, line 1h)		
9 Program	service revenue (Part VIII, line 2g)	68,359	75,632
₹ l	nt income (Part VIII, column (A), lines 3, 4, and 7d)	14	10 10
11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,938	12,423
	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,748	139,443
1	d similar amounts paid (Part IX, column (A), lines 1–3)	8,725	6,930
	aid to or for members (Part IX, column (A), line 4)		0
an I	other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,053	36,579
16a Profession	nal fundraising fees (Part IX, column (A), line 11e)	ļ <u>.</u>	0
¥ I	Iraising expenses (Part IX, column (D), line 25) ► 5,852		
17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f=24e)	97,271	95,620
18 Total exp	enses Add lines 13-17 (must equal Part IX, column (A) line 25)-	148,049	139,129
19 Revenue	less expenses Subtract line 18 from line 12	-18,301	314
20 Total ass 28 21 Total liab 22 Net asse	ets (Part X line 16) MAY 1 6 2018	Beginning of Current Year	End of Year
គ្គ 20 Total ass	ets (Part X, line 16)	107,236	98,741
21 Total liab	lities (Part X, line 26)	10,000	258
년 22 Net asse	s or fund balances. Subtract line 21 from line 20 GDEN, UT	97,236	98,483
	gnature Block		
Under genalties of	perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my kno	wledge and helief it is
	mplete Declaration of preparer (other than officer) is based on all information of which preparer h		
_ X	CELL A PM	5.	11/2010
ign 🕨 🕏	gnature of officer	Date	10017
lere	STEVE DICKES Corey Henke PREST	DENT Executive	Director
	rpe or print name and little	DUNT PULLON VE	OI FIGURE
<del>+-</del>	preparer's name Preparer's signature	Date Check	of PTIN
oid	100 1 100	15/0/10	LJ"
ronarer	ANDERSON UMM (MACHINE)	<del></del>	
7 01113 112		Firm's EIN	41-1326473
se Only	121 14TH STREET NE, SUITE B	}	50D 000 000
Firm's ad	<del></del>	Phone no	507-288-3947
	this return with the preparer shown above? (see instructions)		X Yes No
or Paperwork Redu	ction Act Notice, see the separate instructions.		Form 990 (2016)
<b>v</b>			933 •

ABOGIO

Pa	art IV Checklist of Required Schedules		Tv	Τ
	In the assessment of combant E01/a)/2) or 4047/a)/1) (ather then a project foundation) 2 /5 **//a **	Γ	Yes	No
·1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1.	<sub>v</sub>	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	<del>                                     </del>
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	<del> </del>
3	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)	٦-	-	┢
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	\ <del>-</del>	<del>                                     </del>	<del>  ^</del>
3	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	<u> </u>	_	<del>  ^</del>
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì		ì
	"Yes," complete Schedule D, Part I	6		Lx
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del>  ``</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	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			<u> </u>
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ĺ	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			ŧ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Ì	
	complete Schedule D, Part VI	11a	_X_	L
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Ĺ.,	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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	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	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ĺ
	Schedule D, Parts XI and XII	12a		X
þ	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		14a		X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		.,
	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			٠,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		v
<b>.</b> –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		v
40	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	40	Х	1
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
15	If "Yes," complete Schedule G, Part III	19		Х
	n 100, company conceded of 1 are m	1,19		

Part IV Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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 1? 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			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	_ 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ـــــ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		ــــــ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u></u>	ــــــ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			]
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			•
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			١.,
a	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	[]		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)			١,,
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		X
J 1	Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
JZ	complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X.
-	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	,,		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
•	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		$\overline{}$
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	330	-	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ł	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		<u></u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	ı
				-

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ī
	reportable gaming (gambling) winnings to prize winners?	1c		ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 4		v	Ī
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del> </del>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	Х	ŧ
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	X	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		-
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			<u> </u>
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or			}
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7 <u>a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ.—.
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			.,
	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
e 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		Λ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <del>9</del> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		711	
а	Initiation fees and capital contributions included on Part VIII, line 12		6 4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		¥ 24	Unh a
11	Section 501(c)(12) organizations. Enter		401	
а	Gross income from members or shareholders			9.
b	Gross income from other sources (Do not net amounts due or paid to other sources		- "	,
	against amounts due or received from them )		1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		ı	
þ	Enter the amount of reserves the organization is required to maintain by the states in which		1	, ,
_	the organization is licensed to issue qualified health plans  Enter the amount of receives an head			
C 4/12	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
DAA	in the provide an experience partition in the provide an explanation in delication of	لتناحب	n 990	(2016)

DAA

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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b 8 Enter the number of voting members included in line 1a, above, who are independent b 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 8 The governing body? 8a X b 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 9 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 Χ 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 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 Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? a 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 List the states with which a copy of this Form 990 is required to be filed MN 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 Another's website 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 20 AMY WRIGHT 1001 14TH ST NW - SUITE 450 MN 55901 507-282-1718 ROCHESTER

Form 990 (2016)	SOUTHEASTERN	MINNESOTA	ТОПТН

41-1427785

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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

|X| 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	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		an	(D)  Reportable compensation from the	(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										
DDEG T DELVE	0.00	,,		,,						•
PRESIDENT (2) ERIC SANDERS	0.00	X	$\vdash$	X	┝	$\vdash$		0	0	0
(2) ERIC SANDERS	0.00				Ì					
TREASURER	0.00	X		X				0	0	0
(3) KARIN WRIGHT	0.00	<b>  ^</b>		<u> </u>	<del>                                     </del>			0		
, ,	0.00									
SECRETARY	0.00	Х		Х				o	0	0
(4) MIKE SMITH										<del></del>
	0.00									
PRESIDENT ELECT	0.00	X		Х				0	0	0
(5) JILL MARAGANORE						li				
	0.00					!				
PAST PRESIDENT	0.00	X						0	0	0
(6) JAN GLOWACKI	0 00									
DIDECTOR	0.00	X								2
DIRECTOR (7) PAMELA SINICROPE	0.00	Λ				┝┯		0	0	0
(I) FAMELA SINICKOFE	0.00									
DIRECTOR	0.00	х						0	o	0
(8) JUDY HICKEY	0.00	*					$\neg$	U.		
(1,000 = 0.000	0.00									
PART YEAR DIRECTOR	0.00	Х						ol	ol	0
(9) AMELIA BARWISE										<u>_</u>
	0.00									
PART YEAR DIRECTOR	0.00	Х						0	0	0
(10) DR. ALAN DUNCAN										
	0.00	l								
PART YEAR DIRECTOR	0.00	Х					_	0	0	0
(11) STEPHANIE KILEN	0.00									
DIRECTOR .	0.00	Х						ر		^
DIRECTOR	0.00	Δ					]	0	0[	0
										Form <b>990</b> (2016)

Pa	n VII	Section A. Officers	, Directors, Trus	stee	s, Ke	y E	npic	yee	s, a	nd Highest Compensated	Employees (continued)			
•	•	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than on box, unless person is both a officer and a director/truster					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		
	· · · · · · · · · · · · · · · · · · ·													
	·· <b>-</b> ·													
										-				
1b c d		total from continuation shee (add lines 1b and 1c)	ts to Part VII, Se	ectic	n A			•	<b>&gt; &gt; &gt;</b>					
2	Total				to th	ose	iste	abo	ve)	who received more than \$1	00,000 of			
3	emplo	oyee on line 1a? If "Yes," o	complete Schedu	le J	for si	uch i	ndıvi	dual		ree, or highest compensated		Yes No		
4 5	organ <i>ındıvı</i>	iization and related organii dual	zations greater th	an \$	150,	,000	F If "	Yes,'	' cor	and other compensation from the state of the such and the state of the such and the state of the such and the state of the		4 X		
	for se	rvices rendered to the org	anization? If "Yes	s," c	ompl	ete S	Sche	dule	J fo	r such person		5 X		
1	Comp	olete this table for your five ensation from the organiz	highest compen ation Report com	sate ipen	d ind	lepei on foi	nder the	t cor	ntrac	ctors that received more than	n \$100,000 of the organization's tax year			
		Name and	(A) business address							Description	(B) ion of services	(C) Compensation		
											<del>, ,</del> .			
2	Total receiv	number of independent co red more than \$100,000 o	entractors (includi f compensation fi	ng b	ut no	ot lim irgan	ıted	to th	ose	listed above) who	0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax under sections revenue 512-514 revenue 1a 1a Federated campaigns 1b b Membership dues 6,665 1c c Fundraising events d Related organizations 1đ 1,158 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 43,491 1f g Noncash contributions included in lines 1a-1f 51,314 h Total. Add lines 1a-1f Program Service Revenue Busn Code 611600 65,092 65,092 STUDENT FEES 711130 10,540 10,540 þ PERFORMANCES d f All other program service revenue 75, 632 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 74 Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) Þ Net rental income or (loss) 7a Gross amount from (i) Secunties (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) ь d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 6,665 (not including \$ of contributions reported on line 1c) 19,430 See Part IV, line 18 10,244 b Less direct expenses ,186 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 979 returns and allowances 086 b b Less cost of goods sold -107 -107 Net income or (loss) from sales of inventory Þ Busn. Code Miscellaneous Revenue 711130 3,218 3,218 ADVERTISING 11a 126 126 b MISCELLANEOUS RECEIPTS C d All other revenue Total. Add lines 11a-11d 3,344 75,758 139,443 3,111 74 Total revenue. See instructions

Form **990** (2016)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Do not include amounts reported on Mines 8b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grate and the resistance to cereacognizations and comestion common time 2 by 1 by 1 by 2 control and the part of the		Check if Schedule O contains a respi	<del></del>		T.	X
and connect genoments See Part IV, line 22 Grants and other assistance to domestic and wirebases of the control of the contro		•	(A) Total expenses	Program service	Management and	(D) Fundraising
2 Grants and other assistance to domestic individuals See Part IV, line 12 2 6, 930 6, 930 6, 930 and parameters of the Part IV in the St.	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, line 22   6,930   6,930   6,930   6,930   6,930   Gents and other assistance to froeign organizations, foreign powrments, and foreign individuals See Part IV, line IS and IS   Bernefits pauli or for members		and domestic governments See Part IV, line 21				
3 Graftes and other assistance to foreign organizations, floring or	2	*·-···				
organizators, foreign governments, and foreign individuals Sep Part IV, list 18 and 16 file Benefits paid to or for members  5. Compensation of current officers, directors, trustees, and key employees  6. Compensation not individual above, to disqualified genome, (as defined under section 4586(I)(II)) and persons described in saction 4586(I)(II) and persons described in saction 4586(II) and persons described in saction 4586(III) and persons in saction 4586(III) and			6,930	6,930		
Benefits paid to not for members	3	-				
Benefits paid to or for members						•
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualified persons (as defined under section 4688(ft)) and persons described in section 478(g) and 478(g) employer contributions)  7 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  2 Management  3 Legal  4 Lobburg  Professional fundrating services See Part IV, line 17 frivestiment management fees  9 Cher (film 19 amout exceeds (fix of line 25 column (A) amount, list line 24e empenses for any foderal, state, or local public officials  10 Occupancy  11 Travel  12 Advertising and promotion  13 Office expenses  14 Information technology  15 Royalities  16 Occupancy  17 Travel  17 Travel  18 Payments of fravel or entertainment expenses for any foderal, state, or local public officials  10 Conferences, conventions, and meetings interest  11 Inferest  12 Personnis of fravel or entertainment expenses for any foderal, state, or local public officials  10 Conferences, conventions, and meetings interest  11 Inferest  12 Personnis of fravel or entertainment expenses for any foderal, state, or local public officials  12 Conferences, conventions, and meetings interest  13 Insurance  14 Inferest  15 Payments to affiliates  15 Payments of finates  16 Personnis officials  17 December 10 public officials  18 Payments of finates  19 Payments of finates  19 Payments of finates  10 Conferences, conventions, and meetings interest  11 Personnis officials  11 Personnis officials  12 Payments of finates  13 Payments of finates  14 Personnis officials  15 Payments of finates  15 Payments of finates  16 Payments of finates  17 Payments of finates  18 Payments of finates  19 Payments of finates  19 Payments of finates  10 Payments officials  11 Payments officials  11 Payments officials  11 Payments officials  12 Payments officials  13 Payments officials  14 Payments	_	•				
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6 Compensation not included above, to disqualified persons (as defined under section 498(f)(1) and persons described in section 498(f)(1) and persons described in section 498(f)(1) and years are described in section 498(f) and 403(f) employer contributions)  7 Other analyse benefits  9 Cheryorit taxes  10 Payroit taxes  11 Fees for services (non-employees)  a Management  b Legal  c Accounting  d Lubbyang  Professional fundrasing services See Part IV, line 17  f Investment management fees  g Cher (if ler 1g answell exceeds 10% cline 25, column (Jamonut, Iste 11 geopens on Schedule O)  12 Advertising and promotion  13 Office expenses  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings in line 24e  11 Payments to affiliates  22 Depresainon, depletion, and amortization (1) amount, list line 24e emposises persones in line 24e if line 24e amontine exceeds 10% cline 25, column (A) amount, list line 24e expenses on Schedule O)  a MEALS  Vision of the propose of the 25 column (A) amount, list line 24e expenses on Schedule O)  a MEALS  Vision of the propose of the column of the 25 column (A) amount, list line 24e expenses in line 24e if line 24e expenses son Schedule O)  a MEALS  Vision of the propose of the column of the 25 column (A) amount, list line 24e expenses in line 24e if line 24e expenses on Schedule O)  a MEALS  Vision of the visio	5		į.			
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persons described in section 458(c)(3)(8) 7 Other salanes and wages 8 Penson plan accruals and contributions (include section 401(4) and 403(4)) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Pridessonal fundrasing services See Part IV, line 17 investment management fees 9 Other (filter fit) amount exceeds 10% of line 25, column (A) amount, list the 19 services on Shether 0 ) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 2 20 Depreciation, depletion, and amortization Insurance 21 Payments (List miscellaneous expenses in line 24e it line 24e expenses on Schedule O) 24 MEALS 25 John CoACHES 26 All other expenses in line 24e it line 24e expenses on Schedule O) 27 Type 28 All other expenses in line 24e it line 24e expenses on Schedule O) 3 MEALS 4 Other expenses Interest 5 1, 547 1, 547 7 5, 217 5	0	•	İ			ļ
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17   Travel	15	•				
Payments of travel or entertainment expenses for any federal, state, or local public officials		• -			10,170	
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22 Depreciation, depletion, and amortization   558   502   56     23 Insurance   4,691   3,518   1,173     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 MEALS   3,202   1,601   1,601     b MUSIC   1,547   1,547     c DUES   796   796     d JUDGES AND COACHES   400   400     e All other expenses   1,960   1,813   147     25 Total functional expenses. Add lines 1 through 24e   139,129   105,817   27,460   5,852     6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if					<del></del>	
23   Insurance		-	550	502	5.6	
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 MEALS  b MUSIC  c DUES  d JUDGES AND COACHES  e All other expenses  Ald fines 1 through 24e  139,129  105,817  27,460  5,852  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					1 173	
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 MEALS  b MUSIC  c DUES  d JUDGES AND COACHES  e All other expenses  1,960  1,813  147  25 Total functional expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  139,129  105,817  27,460  5,852		••	C. Cata B. Call de de la Cal	. 1916 . 184. S. 16 14	2,173	I Charleston Section 5
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a MEALS b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1,960 1,813 147  25 Total functional expenses. Add fines 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	24	•				19 9 8 8 1 6 W V
(A) amount, list line 24e expenses on Schedule O)  a MEALS b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1,960 1,813 147  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						
a MEALS b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1,960 1,813 147  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		•		·		,
b MUSIC c DUES d JUDGES AND COACHES e All other expenses 1,960 1,813 147  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	а		3,202	1.601	1,601	
c DUES 796 796  d JUDGES AND COACHES 400 400  e All other expenses 1,960 1,813 147  25 Total functional expenses. Add lines 1 through 24e 139,129 105,817 27,460 5,852  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 JUDGES AND COACHES  e All other expenses  1,960  1,813  147  25 Total functional expenses. Add lines 1 through 24e  139,129  105,817  27,460  5,852  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					796	<del></del>
e All other expenses 1,960 1,813 147  25 Total functional expenses. Add lines 1 through 24e 139,129 105,817 27,460 5,852  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				400		
25 Total functional expenses. Add lines 1 through 24e 139, 129 105, 817 27, 460 5, 852  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					147	<del></del>
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		·				5,852
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		Joint costs. Complete this line only if the				
fundraising solicitation. Check here ▶ ☐ if						
		fundraising solicitation. Check here ▶ ☐ if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 37,926 1 28,832 Cash-non-interest bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 8 inventories for sale or use 3,250 3,473 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 1,570 10b b Less accumulated depreciation 1,012 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 64,490 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 107,236 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 10,000 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 10,000 26 Total liabilities. Add lines 17 through 25 26 258 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 97,236 27 Unrestricted net assets 27 .483 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 98,741 Total liabilities and net assets/fund balances

Form 990 (2016)

om	990 (2016) SOUTHEASTERN MINNESOTA YOUTH 41-1427785				Pa	ge_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		1.	39,	443
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	39,	129
3	Revenue less expenses Subtract line 2 from line 1	3				314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			97,	236
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				933
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	98,	483
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			_		
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				., .,	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in					
	Schedule O		Ī	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a	_	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both		ŀ			Ė
	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				ļ	
	separate basis, consolidated basis, or both		-		1	Ė
	Separate basis Consolidated basis Both consolidated and separate basis				1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		İ	- 1	ļ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O		[		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		[		ſ	
	the Single Audit Act and OMB Circular A-133?		L	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				For	990	(2016)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SOUTHEASTERN MINNESOTA YOUTH ORCHESTRA, INC.

Employer Identification number 41-1427785

Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university |X| An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vI) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? Instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Part II

Page 2

•	(Complete only if you chec Part III If the organization						under/
Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		/
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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				,,		<del></del>
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>	1			
	tion B. Total Support		<u></u>	<del>' /</del>	·	1 1	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(-,	(=,====	/ (-,	,-,	(5,25.5	(1) 10(4)
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	/					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	<del>, , , , , , , , , , , , , , , , , , , </del>
	organization, check this box and stop here			<u> </u>			
<u>Sec</u>	tion C. Computation of Public Su	<del>· · / </del>	<del></del>				
14	Public support percentage for 2016 (line 6,	colymn (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2015 Scheo	Jyle A, Part II, line	14			15	%%_
16a	- ,				1/3% or more, che	ck this	
	box and stop here. The organization qualifi		=				▶ [_]
b	33 1/3% support test—2015. If the organiz				is 33 1/3% or more	, check	
	this box and stop here. The organization qu		-				▶ ∐
17a	/						
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac organization	ts-and-circumstan	ces" test The orga	inization qualifies as	s a publicly support	ed	▶ □
ь	10%-facts-and-circumstances test—201	5. If the organization	on did not check a	box on line 13, 16a	, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization in	neets the "facts-an	nd-circumstances"	test, check this box	and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-c	arcumstances" test	The organization	qualifies as a public	dy	
	supported organization						▶ □
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		_
	instructions						▶ ∐
						Schedule A (Form 99	00 as 000 E71 2046

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

oupport ochedule for Organizations bescribed in Section 303(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	78,737	59,498	57,450	49,437	51,314	296, 436
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	111,178	94,033	97,410	92,986	95,188	490,795
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	189,915	153,531	154,860	142,423	146,502	787,231
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	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						787,231
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	189,915	153,531	154,860	142,423	146,502	787,231
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7	8	6	14	74	109
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	150		300		486	936
С	Add lines 10a and 10b	157	8	306	14	560	1,045
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	190,072	153,539	155,166	142,437	147,062	788,276
14	First five years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth,	or fifth tax year as	a section 501(c)(3	)	٠
Sec	tion C. Computation of Public Su						<u> </u>
15	Public support percentage for 2016 (line 8, o	<del></del>	*	· · · · · · · · · · · · · · · · · · ·		15	22.27.8/
16	Public support percentage from 2015 Sched			,		16	99.87%
	tion D. Computation of Investmen				· · · · · · · · · · · · · · · · · · ·	1 10 1	99.78%
17	Investment income percentage for 2016 (lin			umn (f))	<del> </del>	17	%
18	Investment income percentage from 2015 S		- ·	.,,		18	<u> </u>
19a	33 1/3% support tests—2016. If the organ			and line 15 is mor	e than 33 1/3%, an		
ь	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2015. If the organ	and <b>stop here.</b> The	e organization quali	fies as a publicly su	upported organizati	on	► X
20	line 18 is not more than 33 1/3%, check this <b>Private foundation</b> . If the organization did	box and stop here.	The organization of	jualifies as a public	ty supported organ		<b>▶</b> □
		<del></del>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

#### Supporting Organizations Part IV

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

Section A. All Supportin	g Organizations
--------------------------	-----------------

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Yes	No
	1_		
	,		
	-		
	3a		
	3b		
	3c		
	4a		
	4b_		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	41%	Ostron.	1
	8		19.20
			1807 . A
	9a		
	0.		
	9b	<u> </u>	
	9с		
	,		,
	10a		
(Fo	10b orm 99	0 or 990-	EZ) 2016

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C		ns	rage <b>o</b>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
, instructions. All other Type III non-functionally integrated supporting organizations r	nust complete	Sections A through E	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1	·	
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<del></del>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	······································	
4 Enter greater of line 2 or line 3	4	·····	1
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 integrate		oorting organization /see	
instructions)	, p = oup;		

Parl	V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organizati	ons (continued)					
`Secti	on D - Distributions			Current Year				
1								
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organizatio	n is responsive						
	(provide details in Part VI). See instructions							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2016	Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required-explain in Part VI) See							
	ınstructions	***************************************						
3	Excess distributions carryover, if any, to 2016							
a								
<u>b</u>								
<u>C</u>	From 2013	***************************************						
<u>d</u>	From 2014							
e	From 2015	····						
f	Total of lines 3a through e							
	Applied to underdistributions of prior years	<u></u>						
<u>h</u>	Applied to 2016 distributable amount							
<u>       i                             </u>	Carryover from 2011 not applied (see instructions)		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	·····				
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2016 from							
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
с	Remainder Subtract lines 4a and 4b from 4			····				
5	Remaining underdistributions for years prior to 2016, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2016 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub>		1 19 19 July	Jan a Sandy John Hory In				
	and 4c.			20. 14 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8	Breakdown of line 7	<u> </u>		COM SOME SOME				
a		2 - 2 4 - C - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		one Ange, Mallage Co				
<u>_</u> b	Excess from 2013	* , e * " , t						
с	Excess from 2014			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<u>d</u>	Excess from 2015	,						
е	Excess from 2016	1						

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.

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

Name of the organization Employer Identification number SOUTHEASTERN MINNESOTA YOUTH 41-1427785 ORCHESTRA, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Yes No violations, and enforcement of the conservation easements it holds? 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)? Yes in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche		CERN MINNES				427785	Page <b>2</b>
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tr	easures, c	r Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records,	check any of the follow	ving that are a	significan	t use of its	
а	Public exhibition	d 🗌	Loan or exchange pro	grams			
ь	Scholarly research	е 🗍	Other	-			
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain h	now they further the org	janization's ex	empt purp	oose in Part	
5	During the year, did the organization solicit or	receive donations of	art historical treasures	or other sim	ılar		
•	assets to be sold to raise funds rather than to		•	•			Yes No
Pa	rt IV Escrow and Custodial Ar		organization o	-	<u>-</u>		100 ( 100
	Complete if the organization 990, Part X, line 21	•	" on Form 990, Pa	rt IV, line 9	, or repo	orted an amount	on Form
	is the organization an agent, trustee, custodia	an or other intermedia	erv for contributions or o	other assets n	ot	<del></del>	<del></del>
	included on Form 990, Part X?		,				Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table				
_		<b>-</b>					Amount
С	Beginning balance					1c	
d	Additions during the year					1d	<del></del>
e	Distributions during the year					1e	
f	Ending balance					1f	<del></del>
2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	21, for escrow or custod	dial account lia	shility?	ــــــــــــــــــــــــــــــــــــــ	Yes No
	If "Yes," explain the arrangement in Part XIII		•		•		
	ert V Endowment Funds.	Oliook Holo II the Oxp	Manager Had decir pro-	naca on rait ,	<u> </u>		
	Complete if the organization	n answered "Yes	on Form 990. Pa	rt IV. line 1	0		
	Complete in the organization	(a) Current year	(b) Pnor year	(c) Two year		(d) Three years back	(e) Four years back
12	Beginning of year balance			(,,,		(-,	(47.55.75.55.55.55.55.55.55.55.55.55.55.55
h	Contributions			<del> </del>			<u> </u>
0	Ţ		<del></del>	<del> </del>			+
C	Net investment earnings, gains, and			1			
	losses			<del> </del>			<del></del>
a	Grants or scholarships	<del></del>	<del> </del>	<del> </del>			<del></del>
е	Other expenditures for facilities and						1
	programs	·		<del> </del>		<del></del>	
Ţ	Administrative expenses			<del> </del>			<del></del>
g	End of year balance			<u> </u>		<del></del>	
2	Provide the estimated percentage of the curr	<del>-</del>	(line 1g, column (a)) he	eld as			
a	Board designated or quasi-endowment ▶	%					
	Permanent endowment ▶ %	0/					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sho						
За	Are there endowment funds not in the posses	ssion of the organizati	on that are held and ad	Iministered for	the		[ <del>]</del>
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
þ	If "Yes" on line 3a(II), are the related organization						3b
4	Describe in Part XIII the intended uses of the		ment funds				<del></del>
Pa	rt VI Land, Buildings, and Equ						
	Complete if the organization	<u>n answered "Yes'</u>	<u>" on Form 990, Pa</u>	<u>rt IV, line 1</u>	<u>1a See</u>	Form 990, Part	X, line 10
	Description of property	(a) Cost or other	1 ''	other basis	(c) A	ccumulated	(d) Book value
		(investment)	(oth	er)	de	preciation	
1a	Land						
b	Buildings						
С	Leasehold improvements						
ď	Equipment			42,949		41,937	1,012
e	Other						
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K, column (B), line 10c	)		<b>&gt;</b>	1,012
		<u> </u>				Cabo	dula D (Form 990) 2016

DAA

Part VII	Investments—Other Securities.		41 1427705	Page Page
	Complete if the organization answered "Yes"  (a) Description of security or category			
	(including name of security)	(b) Book value	(c) Method ( Cost or end-of-ye	
(1) Financial of			- Cost of Cha-on-ye	Sal Market Value
• •	eld equity interests	<del></del>	<del> </del>	
(3) Other	su equity interests		<del>                                     </del>	<del></del>
(A)		——————————————————————————————————————	<del></del>	<del></del>
(B)				<del></del>
(C)				
(D)				<del></del>
(E)				·
(F)				<del></del>
(G)				<del></del>
(H)				
Total. (Columi	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, lir	ne 11c. See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method (	
			Cost or end-of-ye	ear market value
(1)				
(2)				<u> </u>
(3)				<del></del>
(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 "Yes"	on Form 990 Part IV lir	ne 11d. See Form 990. P	eart X line 15
	(a) Description		10 114 000 10111 000,1	(b) Book value
(1)	MUSIC COLLECTION			54,030
(2)		IN FOUNDATION	<del></del>	11,394
(3)				
(4)			<del></del>	<del></del>
(5)				
(6)				<del></del>
(7)				<del></del>
(8)				
(9)				
Part X	n (b) must equal Form 990, Part X, col. (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form	65, 424 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value	<b>」</b>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(1) Federal	income taxes			13 ( )
(2)				,
(3)	<del></del>			, ,
_(4)				
(5)				,
(6)	<del></del>			
_(7)			_	
(8)	<del></del>			
(9)	<del></del>		1	
	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶		<u> </u>	1 1/1/1
	uncertain tax positions. In Part XIII, provide the text of the fo			
organization's I	liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the foo	tnote has been provided in Par	t XIII

che	dule-D (Form 990) 2016 SOUTHEASTERN MINNESOTA	YOUTH 41	L-1427785	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	!)	5	
Pa	Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Fore	-	enses per Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		

Part XIII Supplemental Information.

b Other (Describe in Part XIII)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)

Part XIII Supplemental Information (continued)

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

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

SOUTHEASTERN MINNESOTA YOUTH

Employer identification number

ORCHESTRA, INC.					141-1427	
Part I Fundraising Activities. Complete i Form 990-EZ filers are not required	f the organizatio to complete this	n answ part.	vere	ed "Yes" on Form	990, Part IV, line	17.
Indicate whether the organization raised funds through a	any of the following a	ctivities	Che	eck all that apply		
a Mail solicitations	e Solicitation	of non-g	jovei	rnment grants		
b Internet and email solicitations	f Solicitation	of gover	rnme	ent grants		
c Phone solicitations	g Special fun	draising	ever	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity i	ith any individual (inc in connection with pro	duding of	ffice al fu	rs, directors, trustees, ndraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization	indraisers) pursuant			ts under which the fun	draiser is to be	=
(I) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fu raiser ha custody control o contributio	or of	(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 N		<del></del>		<del>                                     </del>
1						
2						
						Ì
3			一			
4			十		<u> </u>	
			1			
5	<del></del>	<del>                                     </del>	$\dashv$			
6	<del></del>	$\vdash$	$\dashv$	<u> </u>		
			-			
7			$\dashv$			
8		-	$\dashv$			
		}				
		-	$\dashv$			
9		1	-			
			$\bot$		· · · · · · · · · · · · · · · · · · ·	
10				į		

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

Schedule'G (Form 990 or 990-EZ) 2016 SOUTHEASTERN MINNESOTA YOUTH 41-1427785 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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 IT'S INSTRUMENT SALES FUNDRAISE (add col (a) through (total number) col (c)) (event type) (event type) Revenue 10,134 8,984 5,832 1 Gross receipts 24,950 2,500 4,165 6,665 2 Less Contributions 3 Gross income (line 1 minus 10,134 6,484 1,667 18,285 line 2) 4 Cash prizes 5 Noncash prizes 245 245 6 Rent/facility costs Direct Expenses 1,664 62 1.726 7 Food and beverages 8 Entertainment 825 6,108 1,101 8,034 9 Other direct expenses 10,005 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III 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 (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 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 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:

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) 2016SOUTHEASTERN_MINNESOTA_YOUTH	41-142778	5	P	age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer chantable gaming?			Yes [	No
13	indicate the percentage of gaming activity conducted in				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records				
	Name ▶				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?			Yes [	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П.		٦
	retain the state gaming license?			Yes [	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$				
Bai	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, or	columns (iii) and (v):	and		
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac				
	See instructions				
	,				
		,			
					,
		Schedule G (Form 990	or 99	0-EZ)	2016

Schedule I (Form 990) (2016) **%** ⊠ Open to Public 2016 OMB No 1545-0047 Inspection (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 Yes 41-1427785 (g) Description of noncash assistance 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. 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 (b) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. 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 (Form 990) Part II Part € 2 ල € 9 9 8 8 6

Schedule 1 (F	lule I (Form 990) (2016)	SOUTHEASTERN MINNESOTA YOUTH	41-1427785	Page 2
Part III	Grants and	Grants and Other Assistance to Domestic Individuals. Complet	omplete if the organization answered "Yes" on Form 990, Part IV, line 22	•
	Part III can	Part III can be duplicated if additional space is needed		•

	Part III can be duplicated it additional space is needed	nal space is needed				,
i	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
i		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 SCHOI	1 SCHOLARSHIPS	17	6,930			
~						
e						
4						
ဟ						
9						
7						
Part IV	Supplemental Information. Provide the information		uired in Part I, line 2;	Part III, column (b),	required 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.

2016

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 12C - ENFORCEMENT OF CONFLICTS POLICY

ANY CONFLICT OF INTEREST ISSUES ARE DISCUSSED AND RESOLVED AT THE MEETINGS

OF THE BOARD OF DIRECTORS.

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

Name of the organization	n				Employer identification	n number
SOUTHEAST	ERN MINNE	SOTA YOUTH		<del></del>	41-1427785	- <del></del>
	PROGRA	M SERVICE	MGT &	GENERAL	FUNDRAIS	SING
ARTISTIC I	FEES					
	\$	52,615	\$	0	\$	0
FORM 990,	PART XI,	LINE 9 - OTHER	CHANGES	IN NET ASSETS	EXPLANATION	
CHANGE IN	BENEFICI	AL INTEREST			\$	933