Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

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

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

2017
Open to Public Inspection

Б -			30/18	D Emple	r identification number
$\neg$	Check if ap	BOOTH LAST LAW MINNESOTA TOOTH		D Employe	ridentification number
Ⅎ′	Address cl	Doing business as	<del></del>	<b>-</b>   <sub>41 1</sub>	427785
^ ^	Name cha	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
'	nitial retur	·····		507-	<u> 282-1718</u>
	inal returi erminated				
_	Amended	ROCHESTER MN 55901		<b>G</b> Gross reco	epts \$ 156,8
=		P Name and address of principal officer	May le this s	group return for su	ubordinates? Yes X
	Application	n pending MIKE SMITH	_   ' '	•	
		1001 14TH ST NW		ubordinates inclu	
		ROCHESTER MN 55901	If "N	lo " attach a list (	see instructions)
<u> </u>	Tax-exem	npt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 627	/		
	Website			xemption number	
		rganization X Corporation Trust Association Other ▶	L Year of formation	1979	M State of legal domicile
<u> P</u>	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities			
ဗ္ဗ		SEMYO IS DEDICATED TO THE ARTISTIC AND PERSONAL DEVE	LOPMENT OF Y	YOUNG	
Governance		INSTRUMENTAL MUSICIANS.			
je		<del>,</del>			
é l		Check this box $lacktriangle$ if the organization discontinued its operations or disposed of more tha	n 25% of its net asse	ets	
∞්		Number of voting members of the governing body (Part VI, line 1a)		3	6
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)		4	6
		otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	3
Ac		Total number of volunteers (estimate if necessary)		6	300
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	2,6
_	b N	Net unrelated business taxable income from Form 990-T rime 94  RECEIVED		7b	0
- 1			/ear	Current Year 58, 5	
g		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  MAY 2 0 2019		51,314 75,632	
Revenue	9 P	Program service revenue (Part VIII, line 2g)  Nestment income (Part VIII, column (A), lines 3, 4, and (4)  MAY 2 0 2019			77,2
ا <u>چ</u>		· · · · · · · · · · · · · · · · · · ·		74	10.1
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,423	12,1
	12 1	Total revenue – add lines 8 through 11 (must equal Part VIII, column 20 Fine V2)	<u> </u>	39,443 6,930	148,2 8,5
l		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		6,930	0,3
		Renefits paid to or for members (Part IX, column (A), line 4)	<del></del>	26 570	28,7
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,579	20,1	
xbeuses		Professional fundraising fees (Part IX, column (A), line 11e)			
Ž		Total fundraising expenses (Part IX, column (D), line 25) ► 5, 065	<u> </u>	25 620	104 2
_		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		95,620 39,129	104,3 141,6
		otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		314	
- 9	19 R	Revenue less expenses Subtract line 18 from line 12	Beginning of C		6,6 End of Year
ances	20 T	otal assets (Part X, line 16)		98,741	117,7
nd Bak		otal labilities (Part X, line 26)		258	12,0
E E		Net assets or fund balances Subtract line 21 from line 20		98,483	105,6
p,	art II	Signature Block	·		
	_	laities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements and to the h	est of my know	wledge and belief it is
		ct, and complete Declaration of preparer (other than officer) is based on all information of which prep			modgo and bollot, it is
_			<del></del>		
Sia	ո	Signature of officer	<del> · · · · · · · · · · · · · · · · · </del>	Date	41.1.
ler	e	MIKE SMITH PR	ESIDENT	بک	9/13/19
	~	Type or prnt name and title			<del></del>
		Print/Type preparer's name Preparer's signature /	Date	Check	If PTIN
Sig ler		PHIL PAGEL RUSTON	5/8/	L L	Doloyed P01340408
rec	arer	Firm's name ALAN C. ANDERSON CHARTERED, CPA		Firm's EIN	41-132647
	Only	121 14TH STREET NE, SUITE B		· um 3 Env F	11 102017
lse	- /				507-288-39
ise	J	Firm's address   ROCHESTER   MN 55906		Phone are	
	the IDS	Firm's address ROCHESTER, MN 55906 Solicious this return with the preparer shown above? (see instructions)	$\rightarrow$	Phone ne	X Yes

	SOUTHEASTERN MINI		41-1427785	Page 2
	Statement of Program Serv			
		s a response or note to any line i	n this Part III	
SEMYO I	ribe the organization's mission S DEDICATED TO TH ENTAL MUSICIANS.	E ARTISTIC AND PERSO	ONAL DEVELOPMENT OF Y	OUNG
prior Form 9	990 or 990-EZ?	rogram services during the year which we	ere not listed on the	Yes X No
	cribe these new services on Sched inization cease conducting, or make	ule O esignificant changes in how it conducts, a	iny program	Yes X No
4 Describe the expenses S		complishments for each of its three larges inizations are required to report the amou		
TO PROV ONE OF ' TECHNIQ STUDENT	OUR 2017-18 SEASO IDE STUDENT MUSIC THREE ORCHESTRAS UE AND MUSICIANSH S PARTICIPATED IN	IANS IN GRADES 3-12 AND RECEIVE PROFESSI IP WHILE LEARNING TO SATURDAY MORNING RE	8,500 ) (Revenue \$ SOTA YOUTH ORCHESTRA THE OPPORTUNITY TO P ONAL INSTRUCTION ON O PLAY AS A COHESIVE CHEARSALS, COACHING S RK BUILDING ACTIVITIE	ERFORM IN INSTRUMENT ENSEMBLE. ESSIONS,
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other groups	am services (Describe in Schedule	2)		.,,
(Expenses	*	uding grants of \$	) (Revenue \$	)
	m service expenses ▶	113,350		
DAA				Form <b>990</b> (2017)

1 2 3	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1_	Yes	No
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1		<del>  '''</del>
	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1_	l	i .
	·		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
•				
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
_	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		:	ĺ
	VII, VIII, IX, or X as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
D	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		Χ
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		_X
a	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	- 37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
22	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
Za	Schedule D, Parts XI and XII	42-		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		<u>X</u>
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	i	Χ
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174	-	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	$\dashv$	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	···		_ <del></del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III

Part IV	Checklis	t of Required	Schedules	(continued)

			Yes	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		]	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	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		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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	ļ		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		İ	
	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			
	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)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			l
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		١
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,,
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			\ ,
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		<sub>v</sub>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1 24		v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		ļ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
••	Part VI	37		A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	1
	19? Note. All Form 990 filers are required to complete Schedule O			) (2017)

. Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Ochedule O contains a response of note to any line in this r art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			į
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			 [
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			Ė
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	Χ	L.
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			Í
	(FBAR) .	] ]	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		l	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		Χ
-1	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year.	7c		$\overline{}$
d		7e	İ	Χ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-'''-		
Ü	sponsoring organization have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		1	Ī
а	Gross income from members or shareholders			}
b	Gross income from other sources (Do not net amounts due or paid to other sources	i i		<i>:</i> }
	against amounts due or received from them )		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		ł	į
b	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			į
С	Enter the amount of reserves on hand	<del></del>		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	. 990	(2017)
DAA		Fort	m フンし	ø (ZU1/)

	of Vi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N		age o
+ 6	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See			
•	Check if Schedule O contains a response or note to any line in this Part VI	instruct	10113	X
500	tion A. Governing Body and Management	<del></del> -		
<u> </u>	tion A. Governing body and management		Yes	No
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   6	[	res	NO
1a	· · · · · · · · · · · · · · · · · · ·	-		
	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  Enter the number of voting members included in line 1a, above, who are independent  1b 6			
b		-	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	v	
	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		w
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		.,	
а	The governing body?	_8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae)		
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40.		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1	., l	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	—
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this was done	12c	X	
13	Oid the organization have a written whistleblower policy?	13	X	<del></del>
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		٠,	
а	The organization's CEO, Executive Director, or top management official	15a	Х	<del></del>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Oid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		f	v
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		- 1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		:
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EAN KEEFE 1001 14TH ST NW - SUITE 450	7 00	<b>7</b> 1	710
RO	OCHESTER MN 55901 50	7-283	<u> </u>	ITR

Form 990 (2017	) SOUTHEASTERN	<u>MINNESOTA</u>	YOUTH	41-	1427785		Page <b>7</b>
Part VII	Compensation of Off	icers, Directors.	Trustees,	Key Employees,	, Highest C	ompensated I	Employees, and
	Independent Contract	tors:					

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	<b>Employees</b>

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an week from netster other (list any officer and a director/trustee\ the organizations compensation (W-2/1099-MISC) hours for organization from the (W-2/1099-MISC) related organization stitutional trustee dividual and related organizations employee below dotted organizations compensated trustee line) (1) MIKE SMITH 1.00 0.00 Χ Χ 0 0 PRESIDENT (2) ERIC SANDERS 1.00 0.00 Χ 0 0 0 TREASURER (3) PAM SINICROPE 1.00 Χ 0.00 Χ 0 0 SECRETARY (4) STEVE DICKES 1.00 0.00 Χ 0 0 0 PAST PRESIDENT (5) STEPHANIE KILEN 1.00 Χ PRESIDENT ELECT 0.00 0 0 0 (6) ANNE THIEMANN 1.00 0.00 Х 0 0 DIRECTOR (7) KARIN WRIGHT 0.00 0.00 Χ 0 0 PART YEAR DIRECTOR (8) JAN GLOWACKI 0.00 PART YEAR DIRECTOR 0.00 0 0 (9) (10)(11)

	(A) Name and title	(B) Average hours per week (list any hours for	(d bo	lo not ox, unla ficer a	Pos check ess pe and a c	C) sition more erson directo	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estima amour othe ompens	ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		a	rganiz and rel rganiza	ated	
													_	
1b c <u>d</u>	Sub-total  Total from continuation shee  Total (add lines 1b and 1c)							<b>&gt;</b>						
<b>2</b> —	Total number of individuals (inc reportable compensation from t			to th	ose	isted	abo	ve)	who received more than \$10	00,000 of 		$\equiv$	Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu 1a, is the sum of	le J i repo	for su ortab	uch i le co	ndıvi mpe	<i>dual</i> nsati	on a	and other compensation from	n the		3		Х
5	organization and related organization and related organization individual  Did any person listed on line 1a for services rendered to the organization.	receive or accru	e co	mpe	nsatı	on fr	om a	iny ι	unrelated organization or ind	ıvıdual		5		X
Sect 1	ion B. Independent Contractor Complete this table for your five	s highest compen	sate	d ınd	lepei	nden	t con	itrac	tors that received more than	\$100,000 of				
	compensation from the organization	ation Report com (A) business address	npen	satio	n for	the	cale	ndar		ne organization's tax year (B) on of services		Cor	(C) npensat	tion
					<u>-</u> .								_	
2	Total number of independent correceived more than \$100,000 o	ontractors (include f compensation fi	ng b	ut no	ot lim	ited izati	to the	ose	listed above) who	0				
DAA												Forr	n <b>9</b> 90	(2017)

-Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated excluded from tax exempt business under sections function revenue 512-514 revenue Program Service Revenue | Contributions, Gifts, Grants | Amounts 1a 1a Federated campaigns b Membership dues 1b 2,250 c Fundraising events 1c d Related organizations 1d 884 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 55,434 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 58,568 • Busn Code 611600 68,464 68,464 2a STUDENT FEES 711130 8,788 8,788 b PERFORMANCES C f All other program service revenue 77,252 Total. Add lines 2a-2f  $\blacktriangleright$ Investment income (including dividends, interest, 266 266 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Secunties sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 2,250 (not including \$ of contributions reported on line 1c) 15,358 See Part IV, line 18 6,949 b Less direct expenses 8,409 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 967 returns and allowances 1,661 b b Less cost of goods sold -694 -694 Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 711130 3,317 3,317 11a ADVERTISING 1,106 1,106 711130 b MISCELLANEOUS RECEIPTS C All other revenue <u>4,4</u>23 r are communities 111/11/11/11/11/11 Iotal. Add lines 11a-11d 2,623 148,224 78,358 266 Total revenue. See instructions

Form **990** (2017)

	tion 501(c)(3) and 501(c)(4) organizations must co		organizations must complete	e column (A)	<del></del>
	Check if Schedule O contains a response			column (A)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0.00000	general expenses	expenses
	and domestic governments See Part IV, line 21			1	
2	Grants and other assistance to domestic				······································
	individuals See Part IV, line 22	8,500	8,500	}	
3	Grants and other assistance to foreign	0,000	0,300		
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16		Ì		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			· · · · · · · · · · · · · · · · · · ·	<del></del>
_	trustees, and key employees				
6	Compensation not included above, to disqualified			<del></del>	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,291	17,197	4,047	4,047
8	Pension plan accruals and contributions (include	23,231	11,1101	4,047	4,047
٠,	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,454	2,348	553	553
11	Fees for services (non-employees)		2,340		
a					
b					·
	Accounting	915		915	
d	Lobbying				
u _	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				·
g	Other (If line 11g amount exceeds 10% of line 25, column	•			
9	(A) amount, list line 11g expenses on Schedule O)	59,104	59,104		
12	Advertising and promotion	1,898	39,104	1,898	
13	Office expenses	5,338	987	3,886	465
14	Information technology	J, J30		3,000	403
15	Royalties				
16	Occupancy	16,581	8,166	8,415	<del> </del>
17	Travel	3,139	3,139	0,413	
18	Payments of travel or entertainment expenses		3,139		····
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	558	502	56	
23	Insurance	4,833	3,625	1,208	
24	Other expenses Itemize expenses not covered	1/035	3,023	1,200	
- '	above (List miscellaneous expenses in line 24e 1f				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	-		-	
а	RETREAT	3,639	3,639		· · · · · · · · · · · · · · · · · · ·
b	MUSIC	3,185	3,185		
c	MEALS	1,253	626	627	· · · · · · · · · · · · · · · · · · ·
d	TAX	848	020	848	
e	All other expenses	3,081	2,332	749	
25	Total functional expenses Add lines 1 through 24e	141,617	113,350	23,202	5,065
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	111,011	113,330	23,202	3,003
	following SOP 98-2 (ASC 958-720)				

- Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest bearing 28,832 1 48,008 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 3,473 3.779 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 42,949 10a b Less accumulated depreciation 42,495 1,012 10b 454 10c 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 65,424 65,502 15 98,741 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 258 17 Grants payable 18 18 19 Deferred revenue 12,075 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, iabilities 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 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 258 Total liabilities. Add lines 17 through 25 26 075 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 98,483 27 Unrestricted net assets 27 105,668 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 117,743 Form 990 (2017)

98,

483

741

33

34

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Forn	1990 (2017) SOUTHEASTERN MINNESOTA YOUTH 41-1427785				Pag	ge 12
₽ŧ	art 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		14	48, <i>i</i>	224
2	Total expenses (must equal Part IX, column (A), line 25)	2		14	11,	617
3	Revenue less expenses Subtract line 2 from line 1	3			6,	607
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			38,	483
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior périod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				578
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	<u> </u>	10	)5, e	668
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>		_		Yes	No
1	Accounting method used to prepare the Form 990		[	İ	ł	:
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		Į.	
	Schedule O				Ţ	i
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ĺ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		- 1	-	F	:
	reviewed on a separate basis, consolidated basis, or both				ŀ	:
	Separate basis Consolidated basis Both consolidated and separate basis		-			ı
b	Were the organization's financial statements audited by an independent accountant?		L	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			Ì	1	
	Separate basis Consolidated basis Both consolidated and separate basis				1	<i>:</i>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- [	ŀ	ı
	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		- 1		l	
	Schedule O		ļ		[	ı
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ŀ			ı
	the Single Audit Act and OMB Circular A-133?		L	3a		Χ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				ŀ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> l</u>	3b		
				Fort	n 990	(2017)

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

Department of the Treasury

**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.

Open to Public Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. SOUTHEASTERN MINNESOTA YOUTH

Employer identification number 41-1427785

			ORCHESTRA, I	NC.			41-142	7785		
P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete			_	
Γhe	orgai			ettis (For lines 1 through 12, che					<u></u>	
1	$\Box$	A church, co	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(	A)(i).		4	
2				A)(ii). (Attach Schedule E (Form			~~	( )		
3	П			e organization described in secti			1-		- (	
4	П			in conjunction with a hospital de				utal's name	1	
		city, and state		and the second s		0000.0	··· o(b)(1)(A)(m). Enter the nosp	mars name,		
5		•		f a college or university owned or	onersted	by a gove	ernmental unit described in			
•	J		(b)(1)(A)(iv). (Complete Part		орстатец	by a gove	similaritat anti described in			
6				ivernmental unit described in sec	tion 170	b)(1)(A)(	A)			
7				ubstantial part of its support from						
			section 170(b)(1)(A)(vi). (Co				int or morn the general paone			
8			community trust described in section 170(b)(1)(A)(vi). (Complete Part II )							
9				cribed in section 170(b)(1)(A)(ix		l in coniur	action with a land-grant college			
		or university university	or a non-land grant college of	f agriculture (see instructions) Er	nter the na	ame, city,	and state of the college or			
10	X	•	ion that normally receives (1)	more than 33 1/3% of its suppor	rt from co	ntributions	mambarehin face, and arose			
	نت									
	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 organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(	a)(4).			
12		An organizati	on organized and operated e	xclusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes			
				ations described in section 509(a						
		$\overline{}$		at describes the type of supporting				g		
	а			rated, supervised, or controlled b						
				er to regularly appoint or elect a i emplete Part IV, Sections A and		r the aired	tors or trustees of the			
	b		•	pervised or controlled in connection		cupacita	d arganization(a), by baying			
				ing organization vested in the sai						
			tion(s) You must complete		ne persor	is that co	more manage the supported			
	С		•	upporting organization operated i	n connect	ion with, a	and functionally integrated with.			
				ructions) You must complete P						
	d	Type III ı	non-functionally integrated	. A supporting organization opera	ated in cor	nection v	vith its supported organization(s	)		
				organization generally must satis						
			·	ust complete Part IV, Sections		•				
	е			ived a written determination from functionally integrated supporting			Type I, Type II, Type III			
	f	_	nber of supported organizatio		y organize	illon				
	g		ollowing information about the					_		
0		e of supported	(II) EIN	(III) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	-	
•		anization		(described on lines 1-10		ir governing	support (see	other support (see	•	
				above (see instructions))	docu	ment?	instructions)	instructions)		
					Yes	No				
(A)										
				<u> </u>						
(B)										
(C)										
		_								
(D)										
					<b> </b>					
(E)										
					<del>                                     </del>					
					1					

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f)∕Total 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2016 Schedule A, Part II line 14 15 15 16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test. 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# - Part III Support Schedule for Organizations Described in Section 509(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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	59,498	57,450	49,437	51,314	58,568	276,267
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	94,033	97,410	92,986	95,188	93,716	473,333
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	153,531	154,860	142,423	146,502	152,284	749,600
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)						749,600
	tion B. Total Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	153,531	154,860	142,423	146,502	152,284	749,600
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8	6	14	74	266	368
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		300		486		786
С	Add lines 10a and 10b	8	306	14	560	266	1,154
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,		ĺ				
	and 12)	153,539	155,166	142,437	147,062	152,550	750,754
14	First five years. If the Form 990 is for the o	irganization's first, se	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su			<u></u>		145	
15 16	Public support percentage for 2017 (line 8, or Public support percentage from 2016 Sched	• • • • •	•	))		15	99.85%
	tion D. Computation of Investmen				<del></del>	16	99.87%
<u> </u>	Investment income percentage for 2017 (lin			dumn (fl)		17	<u></u> %
18	Investment income percentage for 2017 (in			(1))		18	%
19a	33 1/3% support tests—2017. If the organ			L and line 15 is mo	re than 33 1/3%, a		
	17 is not more than 33 1/3%, check this box						▶ X
b	33 1/3% support tests—2016. If the organ	ization did not check	a box on line 14 o	or line 19a, and line	16 is more than 33	3 1/3%, and	, <u> </u>
20	line 18 is not more than 33 1/3%, check this	•	•	•		nization	
20	Private foundation. If the organization did	not cneck a box on li	ine 14, 19a, or 19b	, cneck this box an	a see instructions		

### Part IV Supporting Organizations

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

Section	A. All	Supporting	<b>Organizations</b>
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- 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 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 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," 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?
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 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 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 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		
	•		
	2		
	3a		
	3b		
	3c		
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	9a		
	9b		
	9c		
	10-		
	10a		
	10b		
۹ (F	orm 99	or 990	EZ) 2017

Pal	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Ì	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	[	
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	ļ	
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's		ļ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions,	)		
		_		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizatio	ons			
.1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See					
instructions. All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year)					
Average monthly value of securities	1a				
b 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)					
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				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$				
emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functionally integrated T	ype III sur	porting organization (see	<del></del>		
instructions)					

	7,	upporting Organizat	tions (continued)					
	ion D - Distributions			Current Year				
	Amounts paid to supported organizations to accomplish exempt purpose							
2	Amounts paid to perform activity that directly furthers exempt purposes of							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support	ted 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	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organization	on is responsive						
9	Distributable amount for 2017 from Section C, line 6							
10 Line 8 amount divided by line 9 amount								
		(i)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Underdistributions Pre-2017	Distributable .  Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions							
3	Excess distributions carryover, if any, to 2017	<del>                                      </del>		<del>                                      </del>				
а		İ						
b	From 2013	<del> </del>	**************************************					
С	From 2014							
d	From 2015	**************************************	<del> </del>	<del> </del>				
е	From 2016							
	Total of lines 3a through e	•	11111111111111111111111111111111111111	<del></del>				
	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
	Carryover from 2012 not applied (see instructions)							
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		**************************************	<del></del>				
4	Distributions for 2017 from							
•	Section D, line 7							
а	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount	!!!!!!!!!!						
	Remainder Subtract lines 4a and 4b from 4	<u> </u>						
5	Remaining underdistributions for years prior to 2017, if		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
•	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions	-	, `					
	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions			•				
			'					
	Execus distributions carryover to 2010. Add lines 5							
	and 4c Breakdown of line 7							
	Excess from 2013		***************************************					
	Excess from 2014							
	Excess from 2015	<del></del>	·					
	Excess from 2016							
е	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part Part VI 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.

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

OMB No 1545-0047 Open to Public Inspection

	OUTHEASTERN MINNESOTA YOUTH		Employer	identification number
	RCHESTRA, INC.		11-1	427785
	art I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Ac		
•	Complete if the organization answered "Yes" on F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?	<u> </u>		Yes No
Pa	art II Conservation Easements.	* ****	-	
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check a	III that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import		area
	Protection of natural habitat	Preservation of a certified historic s	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conservation	on	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	, ,	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	6, and not on a		
	historic structure listed in the National Register		_2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization of	during the	!
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		
_	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easen	nents dur	ing the year
_	A a unit of a una saccious and a management as a saccious and a management as a saccious and		ماد مسمد داد	
7	Amount of expenses incurred in monitoring, inspecting, handling of violat  \$ \$	lions, and enforcing conservation easements	s auring ii	ie year
		o requirements of section 170/b\/4\/B\/i\		
0	Does each conservation easement reported on line 2(d) above satisfy the and section 170(h)(4)(B)(ii)?	e requirements of section 170(ff)(4)(b)(f)		Yes No
9	In Part XIII, describe how the organization reports conservation easemer	ots in its revenue and evnense statement, an	nd	
3	balance sheet, and include, if applicable, the text of the footnote to the or	·		
	organization's accounting for conservation easements			
Pa	art [ Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar A	assets.
	Complete if the organization answered "Yes" on F	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 balan	ice sheet	
	works of art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherand	ce 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 r	eport in its revenue statement and balance s	sheet	
	works of art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherand	ce 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		<b>&gt;</b>	\$
2	If the organization received or held works of art, historical treasures, or or	-	the	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items	_	
а	Revenue included on Form 990, Part VIII, line 1		<b>•</b>	\$
b	Assets included in Form 990, Part X			\$

42,949

454

42,495

d Equipment e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes"	on Form 990, Part IV, line	11h See Form 990 Part	Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valu	
	(including name of secunty)	(2, 22	Cost or end-of-year ma	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				,
	nn (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII	Investments—Program Related.	on Form 000 Bort IV line	11a Sac Form 000 Bod	V line 12
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			Cost of end-of-year me	
(1)				<del></del>
(2)				<del></del>
(3)			<del> </del>	
(4)			<u> </u>	
(5)		<del></del>		
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d See Form 990, Part	· · · · · · · · · · · · · · · · · · ·
	(a) Description			(b) Book value
(1)	MUSIC COLLECTION			54,03
(2)	BENEFICIAL INTEREST I	N FOUNDATION		11,47
(3)				
(4)				<del></del>
(5)	<del></del>			
(6)				
<u>(7)</u>				
<u>(8)</u>				
_(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	65,50
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Form 990	), Part X,
	line 25			
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	-			
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25 ) ▶			
	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's finar	ncial statements that reports the	
-	liability for uncertain tax positions under FIN 48 (ASC 740)	<del>-</del>		II

4a

4b

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

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

e Add lines 2a through 2d

Subtract line 2e from line 1

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

2e

3

4c

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ

➤ Go to www irs gov/Form990 for the latest instructions

Open to Public Inspection

SOUTHEASTERN MINNE ORCHESTRA, INC.	ESOTA YOUT	H			Employer Identifica 41-1427	
Part I Fundraising Activities. Complete i	f the organization	n ans		ed "Yes" on Form 9		
Form 990-EZ filers are not required	to complete this	part				
1 Indicate whether the organization raised funds through a						
a Mail solicitations			-	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fun	idraisin	g eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement will or key employees listed in Form 990, Part VII) or entity in	th any individual (inc n connection with pr	cluding ofessio	office onal fu	ers, directors, trustees, undraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization	ndraisers) pursuant	_		nts under which the fundr	aiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contrb	have dy or rol 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	No			
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Schedule G (Form 990 or 990-EZ) 2017 SOUTHEASTERN MINNESOTA YOUTH 41-1427785 · Part II 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 NONE (add col (a) through (event type) (event type) (total number) co! (c)) Revenue 17,608 17,608 1 Gross receipts 2,250 2,250 2 Less Contributions 3 Gross income (line 1 minus 15,358 15,358 line 2) 4 Cash prizes 5 Noncash prizes 5,837 5,837 Direct Expenses 6 Rent/facility costs 50 50 7 Food and beverages 8 Entertainment 1,062 1,062 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes % 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a 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?

Schedule G	(Form 990 or 990-EZ	1 201

Yes No

b If "Yes," explain

12 . Is for	le G (Form 990 or 990-EZ) 2017 SOUTHEASTERN MINNESOTA YOUTH 41-142778	3.5		Page 3
for	loes the organization conduct gaming activities with nonmembers?		Yes	No
	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	<b>,_</b>		
12 Inc	ormed to administer charitable gaming?	L.	Yes	No
	indicate the percentage of gaming activity conducted in	1		
	he organization's facility			<del>%</del>
	n outside facility	<u> </u>		%_
	nter the name and address of the person who prepares the organization's gaming/special events books and ecords			
Na	lame ▶			
Ad	ddress ▶			
	oes the organization have a contract with a third party from whom the organization receives gaming evenue?	Г	Yes	∏ No
<b>b</b> If "	"Yes," enter the amount of gaming revenue received by the organization > \$ and the	_		
arr	mount of gaming revenue retained by the third party > \$			
c If "	"Yes," enter name and address of the third party			
Na	ame ▶			
Ad	ddress ▶			
<b>16</b> Ga	aming manager information			
Na	lame ▶			
Ga	saming manager compensation ▶ \$			
De	escription of services provided ▶			
	Director/officer Employee Independent contractor			
17 Ma	landatory distributions			
a Is	the organization required under state law to make charitable distributions from the gaming proceeds to			
	etain the state gaming license?		Yes	No
	nter the amount of distributions required under state law to be distributed to other exempt organizations or			
spi Part IV	pent in the organization's own exempt activities during the tax year > \$		<del></del>	
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.		1	

Schedule I (Form 990) (2017) **%** ⊠ Open to Public OMB No 1545-0047 2017 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) 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, ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of noncash assistance ▶ Attach to Form 990 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) SOUTHEASTERN MINNESOTA YOUTH General Information on Grants and Assistance (p) EIN 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 ~ 9 8 6  $\Xi$ 2 ල 3 3 8

Schedule 1 (Fc	Schedule 1 (Form 990) (2017) SOUTHEASTERN MINNESOTA YOUTH	MINNESOTA YOU		41-1427785		. Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	Domestic Individual	is. Complete if the org	ganization answered	"Yes" on Form 990, Part IV	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOI	1 SCHOLARSHIPS	21	8,500			
2						
က						
4						
S.			,			
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information rec	quired in Part I, line 2.	, Part III, column (b),	and any other additional in	formation

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

MEMBERS 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

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

Schedule O (Form	990 or 990-EZ) (2	017)			_	Page 2
Name of the organiza	ation	Employer identification number				
SOUTHEAS	TERN MINN	NESOTA YOUTH			41-14277	785
	PROGE	RAM SERVICE	MGT & (	GENERAL	FUNDRA	AISING
ARTISTIC	FEES					
	\$	59,104	\$	0	\$	0

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN BENEFICIAL INTEREST