Form **990**

Department of the Neasury

Return of Organization Exempt From Income Tax

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

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

2018 Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19 C Name of organization D Employer identification number SOUTHEASTERN MINNESOTA YOUTH Check if applicable ORCHESTRA, INC. Address change Doing business as 41-1427785 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 1001 14TH ST. NW, SUITE 450 507-282-1718 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ROCHESTER 192,486 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending STEPHANIE KILEN H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) (insert no) 4947(a)(1) or Tax-exempt status WWW.SEMYO.ORG Website. H(c) Group exemption number ▶ Form of organization X Corporation Trust Year of formation 1979 M State of legal domicile MN Other D Part I Summary 1 Briefly describe the organization's mission or most significant activities SOUTHEASTERN MINNESOTA YOUTH ORCHESTRA IS DEDICATED TO THE ARTISTIC AND Activities & Governance PERSONAL DEVELOPMENT OF YOUNG INSTRUMENTAL MUSICIANS. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V. line 2a) 5 4 300 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,305 b Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 58, 568 75,6<u>20</u> 9 Program service revenue (Part VIII, line 2g) 252 96,551 266 512 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 138 852 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12, 6 535 148,224 179. 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8.500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 220 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 28,745 29, 752 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 1,188 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,058 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 104,372 141,617 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) RECEIVED 169,030 6,607 10,505 19 Revenue less expenses Subtract line 18 from line 12 JAN 1 4 2020 Beglinning of Current Year End of Year ٥٥ C281 117,743 76,019 20 Total assets (Part X, line 16) 12,075 21 Total liabilities (Part X, line 26) 812 OGDEN 105,668 22 Net assets or fund balances Subtract line 21 from line 20 207 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is officer) is based on all information of which preparer has any knowledge true correct, and complete Declaration of preparer (other th Sign Diroctor 2019 Executive Here Type or print name and title Print/Type preparer's name Check Paidself-employed P01340408 PHIL D PAGEL Preparer -1326473 ANDERSON Fırm's EIN ▶ Firm's name **Use Only** 121 14TH STREET NE, SUITE B 55906 507-288-3947 ROCHESTER, MN May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 990 (2018)

Form 990 (2018) S	<u>SOUTHEASTERN M</u>	INNESOTA YOUTH	41-1427785	Page 2
		Service Accomplishments tains a response or note to any line in	n this Part III	
1 Briefly describ	be the organization's mission		EDICATED TO THE AR	TISTIC AND
prior Form 99 If "Yes," desc	00 or 990-EZ? cribe these new services on S			Yes X No
services?	eribe these changes on Sche	make significant changes in how it conducts dule O	, any program	Yes X No
expenses Se	ection 501(c)(3) and 501(c)(4	ce accomplishments for each of its three larg) organizations are required to report the amount of the control		
MUSICIAN ORCHESTR MUSICIAN PARTICIP	S IN GRADES 3- AS AND RECEIVE SHIP WHILE LEA ATED IN SATURI	122,091 including grants of \$ A YOUTH ORCHESTRA CONT: -12 THE OPPORTUNITY TO E PROFESSIONAL INSTRUCT ARNING TO PLAY AS A CONT DAY MORNING REHEARSALS, JRS, AND TEAMWORK BUILL	PERFORM IN ONE OF FION ON INSTRUMENT HESIVE ENSEMBLE. S' COACHING SESSION	TUDENT THREE TECHNIQUE AND TUDENTS
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$		including grants of \$) (Revenue \$	
4e Lotal program	service expenses	122 091		·

Form **990** (2018)

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		ĺ	
	"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	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	İ	X
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	7.1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.10		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	l
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1,10		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	''		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u>''</u> -		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	i
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		
, 3	If "Yes," complete Schedule G, Part III	19		Х
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		$\overline{}$	

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part IV Checklist of Required Schedules (continued)

				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	X	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	tad		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensa employees? If "Yes," complete Schedule J	teu	23	Ì	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	1.5	†	<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lii		İ		
	through 24d and complete Schedule K If "No," go to line 25a		24a		Х
ь	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	e year			
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year	7	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excellent	ss 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	•			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	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		}	l
	current or former officers, directors, trustees, key employees, highest compensated employees, or				.
27	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% control	llad			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	lied	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	a I			<u> </u>
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member t	hereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ile M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualification and the organization receive contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives contributions of art, historical treasures, or other similar assets, or qualification and the organization receives and the organization and the or	ed	}	İ	
	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	·	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 Reg	ulations		1	3.5
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. II III	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part or IV, and Part V, line 1	: II, III,	24		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	a	Jua		-71
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab		1000		
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ	nization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	1b and			
	19? Note. All Form 990 filers are required to complete Schedule O		38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				$\overline{\Box}$
	Check if Schedule O contains a response or note to any line in this Part V			. 1	<u> </u>
4	Enter the number consider in Day 2 of Corre 1000 Enter 0 of and an electric	140 10	┌ ──┤	Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 10 1b 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and	1b 0			
С	reportable gaming (gambling) winnings to prize winners?		1c		
	- sharing annual faminal trainings to him training.			, 990	(2018)
			,,		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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 X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 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 **7**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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 16 X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O Form 990 (2018)

Form 990 (2018) SOUTHEASTERN MINNESOTA YOUTH 41-1427785 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI $|\mathbf{X}|$ Section A. Governing Body and Management Yes No 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 8 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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 Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х 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 Х 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 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Х Did the organization have a written whistleblower policy? 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a Х b 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 Х 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 16b 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 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website 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 JEAN KEEFE 1001 14TH ST NW - SUITE 450 507-282-1718 ROCHESTER MN 55901

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	x, unk	Pos check ess pe	rson Irecto	than one is both a ir/trustee	n	(O) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MIKE SMITH		İ							· · · · · · · · · · · · · · · · · · ·	
_	1.00]					i			
PRESIDENT	0.00	X	<u> </u>	X	<u> </u>	-	_	0	0	0
(2) STEPHANIE KILEN	1.00			ŀ						
PRESIDENT ELECT	0.00	X		X				0	0	
(3) ERIC SANDERS	0.00	^	-	<u> </u>		\vdash	-	0	0	0
(o) Zitie Siliblit	1.00									
TREASURER	0.00	х		х				0	0	0
(4) PAM SINICROPE										
	1.00									
SECRETARY	0.00	X		Х				0	0	0
(5) MARK PASCH										
	1.00									
DIRECTOR (6) ANNE THIEMANN	0.00	Х	_			-		0	0	0
(6) ANNE THIEMANN	1.00						ŀ			
DIRECTOR	0.00	х						o	o	0
(7) MICHELLE DINA	0.00	-								<u> </u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
DIRECTOR	0.00	Х						o	o	0
(8) ALEXANDRA WOLANS										
	1.00			ļ						
DIRECTOR	0.00	Х					-	0	0	0
(9)										
(10)										
(11)										
DAA										5990

PE	ert VII Section A. Officer	s, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more that week box, unless person is b officer and a director/tn					ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensate from the	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organizatio and relate rganizatio	on ed
													
	,												
												<u></u>	
											··		
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	١			>					
2	Total number of individuals (ir reportable compensation from	~			thos	e list	ed a	bove	e) who received more than	\$100,000 of		- 10	es No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	"complete Schede e 1a, is the sum	<i>dule</i> of re	<i>J for</i> porta	such able	n ind com	<i>ividu</i> pens	<i>al</i> atioi	n and other compensation t	from the		3	X
5	organization and related organization and related organizational Did any person listed on line 1 for services rendered to the organization.	a receive or acc	rue c	omp	ensa	ation	from	n any	y unrelated organization or			5	x
Sect 1	ion B. Independent Contracto Complete this table for your five	ors								han \$100,000 of			
	compensation from the organi	zation Report co (A) business address	mpe	nsai	tion f	or th	ie ca	lend	ar year ending with or withi	in the organization's tax year (B) on of services	ar	(C) ensation
	Name and	Dusiness address							Descripti	on of services		Compe	ensation
	······································								······································	····			<u>.</u>
										- Personal Maria			
	Total number of independent	contractors (sl-	dina	h*	not !		d •=	ther	a listed above) who				
2 DAA	Total number of independent of received more than \$100,000								e nateu above) who	0		Form Q	90 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or (C) Unrelated (D) Reven Total revenue exempt business excluded from tax function under sections 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b 9,546 c Fundraising events 1c 1d d Related organizations 1e 15,000 Contributions, and Other Simi e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 51,074 4,005 Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 75.620 Program Service Revenue Busn Code 85,403 2a STUDENT FEES 611600 85,403 711130 11,148 11,148 b PERFORMANCES C f All other program service revenue ▶ 96,551 g Total. Add lines 2a-2f Investment income (including dividends, interest, 512 and other similar amounts) 512 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventory b Less cost or other 0 basis & sales exps c Gain or (loss) d Net gain or (loss) Þ 0 8a Gross income from fundraising events Other Revenue 9,546 (not including \$ of contributions reported on line 1c) See Part IV, line 18 15,348 10,054 b Less direct expenses c Net income or (loss) from fundraising events 5,294 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 returns and allowances 1,475 2,897 b Less cost of goods sold b c Net income or (loss) from sales of inventory -1,422 -1,422 Busn. Code Miscellaneous Revenue 711130 2,305 2,305 11a ADVERTISING 711130 675 675 b MISCELLANEOUS RECEIPTS d All other revenue 2,980 Total. Add lines 11a-11d ▶ 2,305 Total revenue. See instructions ▶ 179,535 97,226 -910

Form **990** (2018)

Part IX Statement of Functional Expenses

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DAA

	Check if Schedule O contains a respon		s Part IX		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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	13,220	13,220		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			•	
	*trustees, and key employees .				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,834	8,316	16,330	1,188
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,918		3,918	·
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,350		1,350	
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				•
	(A) amount, list line 11g expenses on Schedule O)	76,787	76,787		
12	F	1,685		1,685	
13	Office expenses	4,928		4,928	
14	Information technology	645		645	
15	Royalties	70 100	2 2 4 2	2 5 5 5	
16	Occupancy	18,409	9,848	8,561	
17	Travel	1,491	1,491		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		-		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	350	350		
22	Depreciation, depletion, and amortization Insurance	4,590	330	4,590	
23 24		4,390		4,390	
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)				
а	TOUR RETREAT	3,750	3,750	• • • • • • • • • • • • • • • • • • • •	
b	INSTRUMENTS	3,049	3,049		
C	MUSIC	3,019	3,019		
d	MEALS	2,383	3,013	2,383	
	All other expenses	3,622	2,261	1,361	
25	Total functional expenses. Add lines 1 through 24e	169,030	122,091	45,751	1,188
26	Joint costs. Complete this line only if the	200,000	222,021	13,731	1,100
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

SOUTHEASTERN MINNESOTA YOUTH 41-1427785 Form 990 (2018) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 48,0081 60,255 Cash-non-interest bearing Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Я Inventories for sale or use 779 4,454 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 39,807 10b 39,703 454 10c 104 b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 65,502 15 11,206 15 Other assets See Part IV, line 11 117,743 76.019 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 12,075 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 12,075 26 812 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Balances 105,668 75,207 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ Net Assets or

> 76,019 Form 990 (2018)

75,207

31

32

105,668

117,743

33

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

31 Paid-in or capital surplus, or land, building, or equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

· Orm	1 990 (2018) SOUTHEASTERN MINNESOTA YOUTH 41-142/785			Pa	age 1∠
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	<u>79,</u>	535
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	69,	030
3	Revenue less expenses Subtract line 2 from line 1	3	<u> </u>	10,	505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	05,	668
5	Net unrealized gains (losses) on investments	5			266
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	-	40,	700
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		75,	207
Pa	int 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 prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		İ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	İ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				Ī
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
Ī	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fo	m 990	0 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part) See instructions

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

SOUTHEASTERN MINNESOTA YOUTH

ORCHESTRA, INC.

4

Employer identification number 41-1427785

The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 5 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) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (II) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your governing (described on lines 1-10 support (see other support (see organization document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Total

				TA YOUTH		<u>L-1427785</u>	Page ₁ 2
Pa	rt II Support Schedule for O						
	(Complete only if you che						y under /
	Part III. If the organization	fails to qualify	under the test	s listed below,	please comple	te Part III)	
	tion A. Public Support			1	T	1	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 -	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
	tion B. Total Support	·	,	· · · · · · · · · · · · · · · · · · ·		,	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(e) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 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			<u></u>	I		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	. $ abla$
	organization, check this box and stop her						D
Sec	tion C. Computation of Public St						····
14	Public support percentage for 2018 (line 6			nn (f))		14	<u>%</u>
15	Public support percentage from 2017 Scho			40	22 4/20/	15	<u></u>
16a	33 1/3% support test—2018. If the organ				33 1/3% of more,	cneck this	▶ □
	box and stop here. The organization quality				15 ic 32 1/20/	ore check	
D	33 1/3% support test—2017. If the organ this box and stop here The organization of				10 15 00 1/07/00/17	IOIE, CHECK	▶ □
47-	10%-facts-and-circumstances test—201	•	• • • •		6a or 16h and lin	a 1 <i>1</i> is	
17a	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
	organization	iots-and-oncomista	inoes test the o	gamzanon quamo	0 40 4 pas, cap	po	▶ □
b	10%-facts-and-circumstances test—201	7. If the organizati	on did not check	a box on line 13. 10	6a. 16b. or 17a. ar	nd line	
-	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization				4	•	▶ □
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 10	5b, 17a, or 17b, ch	eck this box and se	ee	لسبا
/	Instructions		-,,				▶ [
/-				 		Schedule A (Form 9	90 or 990-EZ) 2018

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	tion A. Public Support			· •	•	,	-
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	57,450	49,437	51,314	58,568	75,620	292,389
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	97,410	92,986	95,188	93,716	112,574	491,874
3	Gross receipts from activities that are not an unrelated trade or business under section 513					1,475	1,475
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	154,860	142,423	146,502	152,284	189,669	785,738
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
500	tion B. Total Support				<u></u>		785,738
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		142,423	146,502	152,284	189,669	785,738
-		154,860	142,423	146,502	132,284	189,669	763,736
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6	14	74	266	512	872
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	306	14	560	266	512	1,658
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	155,166	142,437	147,062	152,550	190,181	787,396
14	First five years. If the Form 990 is for the	_	second, third, fou	ırth, or fifth tax yea	r as a section 501((c)(3)	, _
	organization, check this box and stop her						P [
	tion C. Computation of Public Su			<u></u>		45	
15	Public support percentage for 2018 (line 8	• • • • • • • • • • • • • • • • • • • •	-	in (t))		15	99.79%
16 Saa	Public support percentage from 2017 School Public Support percentage from 2017 School Public Support Public Sup					16	99 85 %
	tion D. Computation of Investme			column (fl)		17	%
17 18	Investment income percentage for 2018 (Investment income percentage from 2017)			, column (i))		18	<u> </u>
19a	33 1/3% support tests—2018. If the orga			14 and line 15 is	more than 33 1/3%		70
ıJa	17 is not more than 33 1/3%, check this be						ightharpoons
b	33 1/3% support tests—2017. If the organ						
-	line 18 is not more than 33 1/3%, check th						▶ [
20	Private foundation. If the organization did						▶ [

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.)

O			A	4:	A	nizations
SACTION	Λ	ΔИ	SHID!	α	()[()	nizatione

Yes No 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 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b 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 3с 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 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b 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) 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 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. 9a 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. 9b 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. 9c 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 10a 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)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		ons	, , <u>, , , , , , , , , , , , , , , , , </u>
Check here if the organization satisfied the Integral Part Test as a qualifying trust			See
instructions. All other Type III non-functionally integrated supporting organization			
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)			
a 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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integ	rated Type III	supporting organization	(see

Page 7

_Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of sup			
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			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ration is responsive		
	(provide details in Part VI) See instructions	•		
9_	Distributable amount for 2018 from Section C, line 6		•	
10_	Line 8 amount divided by line 9 amount		y · · · · · · · · · · · · · · · · · · ·	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions		,	
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016 '			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount		/////////////////////////////////////	
i	Carryover from 2013 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		**************	<u> </u>
4	Distributions for 2018 from			
	Section D, line 7 \$		······································	[
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		***************************************	
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3 _j			
	and 4c		······	
8	Breakdown of line 7			***************************************
	Excess from 2014		······································	
	Excess from 2015 Excess from 2016			
_	Excess from 2017			
	Excess from 2018			
-		, ,		

Part VI Supplemental III, line 12; Part I

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.

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

OMB No 1545-0047 2018 Open to Public Inspection

	of the organization		Employer identif	fication number
	OUTHEASTERN MINNESOTA YOUTH			
	RCHESTRA, INC.		41-1427	7785
P.	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or		Accounts.	
		(a) Donor advised funds	(b) Fund	ds 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 th	nat the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor advisors	_		
	only for charitable purposes and not for the benefit of the donor or do			
	conferring impermissible private benefit?			Yes No
P	art II Conservation Easements.		<u> </u>	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area	1
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year			at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c	···
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organizat	ion during the	
	tax year ▶	, , , , , , , , , , , , , , , , , , ,	3	
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mo			
	violations, and enforcement of the conservation easements it holds?	g,epecaton,a.reg c.		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements durin	
-	>			go , o.u.
7	Amount of expenses incurred in monitoring, inspecting, handling of view	olations, and enforcing conservation easem	ents during the	vear
•	▶ \$		ionio danng inc	, , , , , , , , , , , , , , , , , , , ,
8	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 No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statement	t and	
	balance sheet, and include, if applicable, the text of the footnote to the			
	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art	, Historical Treasures, or Other S	Similar Asse	ts.
	Complete if the organization answered "Yes" on			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and b	alance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of	
	public service, provide, in Part XIII, the text of the footnote to its finance			
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and balan	ce sheet	
	works of art, historical treasures, or other similar assets held for public	·		
	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, o	r other similar assets for financial dain, prov	vide the	
-	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenue included on Form 990, Part VIII, line 1	,	S •	
	Assets included in Form 990, Part X		> \$	
			<u> </u>	

Schedu	ule D (Form 990) 2018 SOUTHEA	STERN MINNE	SOTA YOUTH	_	41-1427	785	Page 2
Part	間 Organizations Maintain	ng Collections o	f Art, Historical T	reasures, c	r Other Sim	ilar Asset	s (continued)
	Jsing the organization's acquisition, acce collection items (check all that apply)	ssion, and other recor	ds, check any of the fo	llowing that are	e a significant u	se of its	
а「	Public exhibition	d 🗌	Loan or exchange pro	grams			
ь	Scholarly research	e 🗍	Other	-			
c	Preservation for future generations	<u>. </u>					
4 P	Provide a description of the organization's	collections and expla	in how they further the	organization's	exempt purpos	e in Part	
	KIII		,	- G			
	Ouring the year, did the organization solic	it or receive donations	of art. historical treasu	res or other s	ımılar		
	issets to be sold to raise funds rather tha						Yes No
Part			part or the organization	13 CONCOLON		 	103 110
	Complete if the organizati	•	" on Form 990 Pa	art IV line 9	or reported	an amount	t on Form
	990, Part X, line 21	on anowered Tee	, , , , , , , , , , , , , , , , , , , ,	21114, 11110 0,	or reported	an amoun	CONTONIN
12 10	s the organization an agent, trustee, cust	odian or other interme	diant for contributions	or other accets	not .		
	ncluded on Form 990, Part X?	odian of other interme	ulary for contributions t	or other assets	TIOL		Yes No
	f "Yes," explain the arrangement in Part X	'III and complete the f	ollowing table				☐ Tes ☐ NO
U	res, explain the arrangement in Part A	in and complete the it	Dilowing table				Amount
- 0	Na arrang balansa						Amount
	Beginning balance					1c	· · · · · · · · · · · · · · · · · · ·
	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance					1f	
	Old the organization include an amount or				-		☐ Yes ☐ No
	"Yes," explain the arrangement in Part X	III Check here if the e	explanation has been p	rovided on Par	t XIII		
Part			" F 000 P-				
	Complete if the organizati	Y		1	ı		
		(a) Current year	(b) Pnor year	(c) Two years	back (d) T	hree years back	(e) Four years back
	Beginning of year balance			ļ			
ьс	Contributions						
c N	let investment earnings, gains, and						
lo	osses						
d G	Grants or scholarships						
e C	Other expenditures for facilities and						
р	rograms			<u></u>			
f A	dministrative expenses		<u> </u>	<u> </u>			
gЕ	nd of year balance			<u></u>	i		
2 P	Provide the estimated percentage of the c	urrent year end baland	æ (line 1g, column (a))	held as			
аВ	soard designated or quasi-endowment	%					
bР	Permanent endowment ▶ %	6					
сТ	emporarily restricted endowment	%					
Т	he percentages on lines 2a, 2b, and 2c s	hould equal 100%					
3a A	are there endowment funds not in the pos	session of the organiz	ation that are held and	administered f	or the		
0	rganization by						Yes No
(1) unrelated organizations						3a(i)
	i) related organizations						3a(ii)
	"Yes" on line 3a(ii), are the related organ	izations listed as requ	red on Schedule R?				3b
	escribe in Part XIII the intended uses of						
Part							
	Complete if the organizati		" on Form 990. Pa	rt IV. line 11	a See Form	990. Part	X. line 10
	Description of property	(a) Cost or other			(c) Accumulat	1	(d) Book value
	• • • •	(investment)	1 ' '	1	depreciation		• •
1a L	and	, , , , , ,					
	uildings						
	easehold improvements			30 007	3.0	703	104
	quipment		+	39,807	39	,703	104
<u>e 0</u>		4.00.01.50.00.5	1 V 22/1 (B) 1 11	<u></u>			
i otal. A	Add lines 1a through 1e (Column (d) mus	ii equai rorm 990, Par	LA, COIUMN (B), line 10	<i>IC)</i>			104

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11b. See Form 990. Part	X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valu	ation
	(including name of security)		Cost or end-of-year ma	rket value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				· <u></u>
(B)				
(C)				
(D)				<u> </u>
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part	X, line 13
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1)				
(2)				
_(3)				·
(4)	1	· · · · · · · · · · · · · · · · · · ·		
_(5)				
_(6)	•			
(7)				
(8)				
(9)				
	nn (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, line	e 11d See Form 990, Part	X, line 15
	(a) Description			(b) Book value
(1)	BENEFICIAL INTEREST 1	IN FOUNDATION		11,20
(2)				
(3)	•			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		>	11,20
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990), Part X,
	line 25			. ,
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Table (Calcum	(h) much a much from 000 Part V and (D) to a 051 h			
	nn (b) must equal Form 990, Part X, col (B) line 25)	footnote to the construction of	nancial statements that county the	
	r uncertain tax positions. In Part XIII, provide the text of the			
organizations	s liability for uncertain tax positions under FIN 48 (ASC 740)) Uneck here if the text of the fo	ounote nas been provided in Par	LAIII

Sche	dule D (Form 990) 2018 SOUTHEASTERN MINNESOTA YOUTH		41-142778	5	Page
Pá	Int XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	192,22
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains (losses) on investments	2a	-266		
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII)	2d	12,951		
е	Add lines 2a through 2d			2e	12,68
3	Subtract line 2e from line 1			3	179,53
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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	179,53
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total expenses and losses per audited financial statements	'		1	181,98
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				, , , , , , , , , , , , , , , , , , , ,
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII)	2d	12,951		
	Add lines 2a through 2d	L L	,	2e	12,95
3	Subtract line 2e from line 1			3	169,030
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	169,030
	rt XIII Supplemental Information.				100,000
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV,	lines 1h	and 2h Part V line 4 P	art Y lin	Δ
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a			Q1 (24, 1111	•
	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	-		OTHE	TD.
=-	INT MI, BIND 22 REVENUE INCOMES INCOMES	±11 ±	TIMETIND	OTILL	110
υ.	RECT EXPENSES REPORTED IN PART VIII		\$		12,951
ט.	INDET DATEMOND KNIOKIND IN TAKT VIII		۲		12,951
D:	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED	TNT '	FTNANCTALC -	ОТЦ	TD.
5.4	ALI AII, DINE 2D - EAFENSE AMOUNIS INCLUDED	, <u>TI</u> V .	LINWINCIADO -	OIU	Tik
ъ.	THEOR EVERNOUS DEPONTED IN DARK VIII		بے		10 051

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.

e Solicitation of non-government grants

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

OMB No 1545-0047

Open to Public inspediton.

Department of the Treasury Internal Revenue Service Name of the organization

Part I

SOUTHEASTERN MINNESOTA YOUTH

Indicate whether the organization raised funds through any of the following activities. Check all that apply

ORCHESTRA, INC

Employer identification number 41-1427785

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

b Internet and email solicitations	f Solicitation	of gover	nment grants		
c Phone solicitations	g Special fun	draising	events		
d In-person solicitations					
2a Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity	n connection with	profession	onal fundraising services	57	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization	ındraisers) pursua	nt to agre	eements under which the	e fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fur raiser hav custody o control o contribution	re (iv) Gross receipts f from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes N	0		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total		•	>		

Schedule G (Form 990 or 990-EZ) 2018 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 NONE (add col (a) through (event type) (total number) col (c)) Revenue 1 Gross receipts 24,894 24,894 9,546 2 Less Contributions 9,546 3 Gross income (line 1 minus 15,348 15,348 4 Cash prizes 5 Noncash prizes 4,505 4,505 Direct Expenses 6 Rent/facility costs 500 500 7 Food and beverages 4,124 4,124 8 Entertainment 925 9 Other direct expenses 925 10 Direct expense summary Add lines 4 through 9 in column (d) 10,054 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 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 Is the organization licensed to conduct gaming activities in each of these states? | Yes | No b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in 14 The organization's facility 15 An outside facility 16 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? 16 If "Yes," enter the amount of gaming revenue received by the organization P s and the amount of gaming revenue received by the organization P s and the amount of gaming revenue received by the organization P s and the amount of gaming revenue received by the organization P s and the amount of gaming revenue received by the organization P s and the amount of gaming revenue retained by the third party Name Address 16 Gaming manager information Name Gaming manager compensation P s Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Sche	edule G (Form 990 or 990-EZ) 2018 SOUTHEASTERN MINNESOTA YOUTH	41-1427785	Page 3
formed to administer chantable gaming?	11	Does the organization conduct gaming activities with nonmembers?		Yes No
13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility 13a 13a 1/4 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? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party b \$ and the amount of gaming revenue retained by the third party b \$ and the amount of gaming revenue retained by 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 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Ves □ N Enter the name and address of the person who prepares the organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
a The organization's facility b An outside facility 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? b If "Yes," enter the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue retained by the third party ▶ \$ or If "Yes," enter name and address of the third party ▶ \$ c If "Yes," enter name and address of the third party ▶ \$ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		formed to administer charitable gaming?		Yes No
b An outside facility	13	Indicate the percentage of gaming activity conducted in		_
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? □ If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ □ 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 a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	а	The organization's facility	13a	%%_
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Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14			
Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ □ If "Yes," enter name and address of the third party ► \$ □ If "Yes," enter name and address of the third party Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ 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 ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		Name ▶		
revenue?		Address ▶		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c 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 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	15a		Г	ີ Yes □ No
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Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		amount of gaming revenue retained by the third party ▶ \$		
Address ▶ 16 Garning manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N b 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	С	If "Yes," enter name and address of the third party		
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ▶		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Address ►		
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information		
Director/officer		Name ▶		
Director/officer		Gaming manager compensation ▶ \$		
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		Description of services provided ▶		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N □ Yes □ N □ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		Director/officer Employee Independent contractor		
retain the state gaming license? b 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information	17	Mandatory distributions		
b 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 ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information		retain the state gaming license?		Yes No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_	
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information				
	Pa			ind

Schedule G (Form 990 or 990-EZ) 2018

Grants and Other Assistance to Organizations, SCHEDULEI (Form 990)

SOUTHEASTERN MINNESOTA YOUTH

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

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

2018	Open to Public Inspection

Employer Identification number

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

ŝ × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance ☐ Yes 41-1427785 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization ORCHESTRA, or government Part II Part Ξ **₹** 3 8 <u>ල</u> <u>@</u> 9 8 6

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

(a) Type of grant or assistance 1 SCHOLARSHIPS 2	or assistance	(h) Number of	And Annual Man And Annual Annu			
1 SCHOLARSHIPS		recipients	cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1 SCHOLARSHIPS						
2		31	13,220			
7						
м						
4						
ഗ						
9						
7						
Part IV Supplemen	ital Information. Prov	ide the information re	quired in Part I, line	2; Part III, column (b)	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	Information.

Page 2 -

Schedule I (Form 990) (2018) SOUTHEASTERN MINNESOTA YOUTH 41-1427785

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

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.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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	on				Employer identificat	ion number
SOUTHEAST	ERN MINN	ESOTA YOUTH			41-142778	5_
•	TOT/P	ROG SERVICE	MGT &	GENERAL	FUNDE	RAISING
ARTISTIC	FEES					
	\$	76,787	\$	0	\$	0
HODM 000		, TAND O OF	UDD GUNNADA T	•	•	***

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

PRIOR PERIOD AUDIT ADJUSTMENT

\$ -40,700