** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

Bell-Brule VID YOUTH SYMPHONY ORCHESTRA Doing business as Number and street (or P.0. box if mails not delivered to street address) PO BOX 3774 Bell-Brule VID YOUTH SYMPHONY ORCHESTRA Doing business as Number and street (or P.0. box if mails not delivered to street address) PO BOX 3774 Bell-Brule VID You fown, state or province, country, and ZIP or foreign postal code BELL-Brule VID You fown, state or province, country, and ZIP or foreign postal code BELL-Brule VID, WA 980.09 Help Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a group return for subcordnate 2 yets [No High Is this a yet of formation 1 yet of Mid Is this a group return for subcordnate 2 yets [No High Is this a yet of formation 1 yet o	Α	For the	e 2019 calendar year, or tax year beginning SEP 1, 2019 and ending	AUG 31, 2020	
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BELLEVUE YOUTH STRPHONY ONCHESTRA Turnow T		applicabl	e:		
Section Desires as a			BELLEVUE YOUTH SYMPHONY ORCHESTRA		
Number and street of P.D. box 1774 Sammary E Telephonen number L25 - 467 - 560 4	F	Name		91-16305	89
PO BOX 3774 425-467-5604	F	Initial			
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Part Summary					
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12 Total revenue (Part VIII, column (A), lines 5, 62, 52, 10, 62, 52, 10, 63, 64, 71, 72, 79, 79, 79, 79, 79, 79, 79, 79, 79, 79	9				
12 Total revenue (Part VIII, column (A), lines 5, 62, 52, 10, 62, 52, 10, 63, 64, 71, 72, 79, 79, 79, 79, 79, 79, 79, 79, 79, 79	9	40			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 629, 197. 509, 792.	ď	2 10			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 18,840. 16,674. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 0. 0. 0. 0		1			
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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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date	_		Revenue less expenses. Subtract line 18 from line 12		
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		ny the II	-	Pilone no. (Z	X Yes No

Page 2

Pai	Statement of Program Service At			
	Check if Schedule O contains a response or	r note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:	D. G. I. T. G. T.		_
	BELLEVUE YOUTH SYMPHONY O			<u>r</u>
	MUSICIANS BY PROVIDING DY			
	COLLABORATION, CONFIDENCE	-	ESPONSIBILITY THROUGH	THE
	PURSUIT OF ARTISTIC EXCEL	LENCE.		
2	Did the organization undertake any significant pro	gram services during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule	e O.		
3	Did the organization cease conducting, or make s	ignificant changes in how it con	ducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service according	mplishments for each of its three	e largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are re	equired to report the amount of	grants and allocations to others, the total e	expenses, and
	revenue, if any, for each program service reported	·		•
4a	(Code:) (Expenses \$ 341, 2	202 • including grants of \$	16,674.) (Revenue \$	362,743.)
	BELLEVUE YOUTH SYMPHONY O			EN TO
	YOUNG MUSICIANS AGED 6-21	, AND INCLUDE 6	ORCHESTRAS, 3 ENSEMBL	ES, AND
	THREE SUMMER DAY CAMP SES	-	-	
			ENCE, TEAMWORK, AND L	
	IN ADDITION TO ORCHESTRAL		TS WHO CANNOT AFFORD	
	ARE SUPPORTED THROUGH FIN			
				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schodule O	1		
40	Other program services (Describe on Schedule O.	•) (Paugaua fi	1
40	(Expenses \$ including g	341,202.) (Revenue \$	
46	Total program service expenses	JII, 404 •		Form 990 (2019)
				1 01111 300 (2019)

Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 "Yes," complete Schedule D, Part I	6		<u> X</u>
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		_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		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,		37	
	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 of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
-	If "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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 20 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

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Form **990** (2019)

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2019)

BELLEVUE YOUTH SYMPHONY ORCHESTRA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	- Commission				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[103	140
	filed for the calendar year ending with or within the year covered by this return	2a	34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a		_X_
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_ <u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		_X_
b	, , , , , , , , , , , , , , , , , , , ,		uirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as requ	iirea	7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		1 2	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		··	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	ı			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		Í	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800						X
Sec	tion A. Governing Body and Management					
_		Ι.	1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10			
	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 on Schedule O.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, st	ockho	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	=	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	,				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	X	
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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	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	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990)-T (Section 501(c)(3)	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply					
	X Own website X Another's website X Upon request Other (explain	on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨			
	TRUDI JACKSON - 425-467-5604					
	12310 NE 8TH STREET #201, BELLEVUE, WA 98005					

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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	Position lo not check more than one ox, unless person is both an efficer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TRUDI JACKSON	40.00							64.051	•	П (0)
EXECUTIVE DIRECTOR	1 00	<u> </u>		Х				64,051.	0.	7,686.
(2) KRISTI JO LYNN	1.00	₹.		х					0	0
PRESIDENT (3) BENNET WANG	1.00	Х	\vdash	^				0.	0.	0.
VICE PRESIDENT	1.00	Х		х				0.	0.	0 .
(4) ASAKO YOSHIMURA	1.00								0.	0.
SECRETARY	1.00	х		х				0.	0.	0.
(5) JAY LAUGHLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KATHY KEARNY	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) REID FLICKINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) PASCAL PINCK	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KHEK TEH	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0 .
(10) JENNIFER TORR	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(11) LAWRENCE MERRITT	1.00	. ,							0	0
DIRECTOR		X						0.	0.	0.
		-								
		1								
			\vdash							
		1								
		1								

	orm 990 (2019) BELLEVUE YOUTH SYMPHONY ORCHESTRA 91-1630589 Page 8													
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss per	itior more rson i	than of the street that the st	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	npensa rom th ganizat d relat anizati	e ion ed
	Subtotal							<u> </u>	64,051.		0.		7,6	86.
с d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	0. 64,051.		0.	0. 0		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportable			Yes	0 N o
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
Soc	rendered to the organization? If "Yes." com											5		X
1	Complete this table for your five highest countries organization. Report compensation for	•	•							•	pensat	ion fr	om	
	(A) Name and business			ONE					(B) Description of s		С		C) nsatio	n
2	Total number of independent contractors (in	•	ot lin	nited	d to 1	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	zaliUII 🚩										Form	990 (2019)

Form 990 (2019) BELLEVU
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	a in this Dart VIII			
		Check if Schedule O contains a response of	Thole to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ıts	1 a	Federated campaigns 1a					
rar	b	Membership dues1b					
e, E	c	Fundraising events 1c					
ifts	c	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	23,650.				
Sig	f	All other contributions, gifts, grants, and	,				
er it	·		L06,659.				
Ö	,	Noncash contributions included in lines 1a-1f	18,188.				
o b	<u>د</u> د			130,309.			
OB		Total. Add lines 1a-1f	Business Code	130,303			
		μ		220 041	220 041		
<u>:</u>	2 a	TUITION	900099	329,041.	329,041.		
er v	b	PERFORMANCE	900099	33,950.	33,950.		
J.S.	C						
e a	C	·					
Program Service Revenue	e						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	362,991.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		169.			169.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	· I				
		(i) Real	(ii) Personal				
	6 6		(.,, : : : : : : : : : : : : : : : : : :				
	6 a						
	C	` ,					
		Net rental income or (loss)	(") OH				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 17,459.					
	b	Less: cost or other basis					
e		and sales expenses					
Revenue	c	Gain or (loss)					
Be	c	Net gain or (loss)		16,571.			16,571.
Other	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
	0.0	Part IV, line 19					
	L	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	5,346.				
		and allowances 10a					
		Less: cost of goods sold 10b	5,594.	0.40	0.4.0		
		Net income or (loss) from sales of inventory		-248.	-248.		
S			Business Code				
o a	11 a	·					
ane Judi	b						
Miscellaneous Revenue	c						
is B	c	All other revenue					
2	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		509,792.	362,743.	0.	16,740.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 16,674. 16,674. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,782. 73,997. 46,480. 23,735. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 211,396. 184,044. 12,216. 15,136. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,371. 10,371. Other employee benefits 9 21,360. 17,398. 2,596. 1,366. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,815. 7,815. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,850. 2,480. 3,123 8,247. column (A) amount, list line 11g expenses on Sch O.) 55. 55. Advertising and promotion 12 10,730. 2,885. 7,193. 652. Office expenses 13 1,769. 1,613. 156. Information technology 14 15 Royalties 63,730. 49,931. 10,004. 3,795. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,041. 290. 751. Depreciation, depletion, and amortization 22 6,968. 6,968. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 9,623. 6,807. 2,816. PRINTING AND COPYING BANK FEES 6,874. 6,874. 3,842. PROGRAM EXPENSES 4,464. 596. 26. С d All other expenses 460,717. 341,202. 86,300. 33,215. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			189,452.	1	284,190
	2	Savings and temporary cash investments			49,226.	2	42,826
	3	Pledges and grants receivable, net			37,578.	3	32,948
	4	Accounts receivable, net			4,880.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	iese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Donat and a company of the company of the company			11,573.	9	9,957
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	75,183.			
	b	Less: accumulated depreciation	. 10b	73,848.	2,376.	10c	1,335 418,112
	11	Investments - publicly traded securities		417,809.	11	418,112	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	712,894.	16	789,368
	17	Accounts payable and accrued expenses			26,268.	17	21,906
	18	Grants payable				18	
	19	Deferred revenue	23,386.	19	14,868		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
န္မ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Ĭ		trustee, key employee, creator or founder, sub	ostantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	iese pers	ons		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	63,347
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			40 654	25	100 101
_	26	Total liabilities. Add lines 17 through 25			49,654.	26	100,121
ړ		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🔼			
ا ۋ		and complete lines 27, 28, 32, and 33.			204 500		420 F16
<u>a</u>	27	Net assets without donor restrictions			394,509.	27	420,516
ğ E	28	Net assets with donor restrictions			268,731.	28	268,731
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
7		and complete lines 29 through 33.					
ا <u>ټ</u> و	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			662 240	31	600 047
ž	32	Total net assets or fund balances			663,240.	32	689,247
	33	Total liabilities and net assets/fund balances			712,894.	33	789,368 Form 990 (201

	1330 (2013)			ı u	<u>gc</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			40.
5	Net unrealized gains (losses) on investments	5	-2	2,7	10.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-3	58.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	68	9,2	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X 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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BELLEVUE YOUTH SYMPHONY ORCHESTRA 91-1630589 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 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 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Section A. Public Support

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

0.1.		/) 0045	(1.) 0040	() 0047	(1) 0040	() 0040	(c) T
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Gross income from interest,						
0	,						
	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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-			•		. \Box
800	organization, check this box and stop ction C. Computation of Public	here Per	centage				>
	-			-1 (6)			
	Public support percentage for 2019 (li					14	%
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the contains the support test - 2019 if the support t						
	stop here. The organization qualifies a		•				
O	33 1/3% support test - 2018. If the condition support test - 2018.	•		,		,	
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact		•	-		· ·	
ı.	meets the "facts-and-circumstances" t	-			-	170 and line 15 in 1	
O	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets the		•		• •		,
40	organization meets the "facts-and-circ			•			\
ığ	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 100, 17a, 0r 171			
					SCH	edule A (Form 990	UI 33U-EZ) ZU 19

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.)

Sed	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	125,902.	149,267.	110,698.	113,631.	130,309.	629,807.
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	371,255.	367,750.	402,108.	512,192.	368,337.	2021642.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	497,157.	517,017.	512,806.	625,823.	498,646.	2651449.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	8,106.	11,672.	5,545.	8,430.	15,154.	48,907.
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						0.
c	Add lines 7a and 7b	8,106.	11,672.	5,545.	8,430.	15,154.	48,907.
	Public support. (Subtract line 7c from line 6.)	-	-		-	-	2602542.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	497,157.	517,017.	512,806.	625,823.	498,646.	2651449.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,332.	13,551.	21,453.	11,081.	169.	63,586.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	17,332.	13,551.	21,453.	11,081.	169.	63,586.
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.)	514,489.	530,568.	534,259.	636,904.	498,815.	<u>2715035.</u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
8	check this box and stop here						> L
	ction C. Computation of Publi			. (0)		45	05 96 %
	Public support percentage for 2019 (li	, , , , , ,	,	(,,		15	95.86 % 95.73 %
	Public support percentage from 2018 ction D. Computation of Inves					16	95.73 %
	Investment income percentage for 20			ne 13 column (f))		17	2.34 %
	Investment income percentage from 2			10, COIGITIT (1))		18	2.71 %
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ïes as a publicly su	upported organizat	ion	▶ X
10	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, check						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Gu		
3b		
3с		
4a		
ти		
4b		
4c		
70		
5a		
5b		
5c		
6		
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7		
8		<u> </u>
9a		
Ja		
9b		
9с		
10a		
iva		
10b		

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functional	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

BELLEVUE YOUTH SYMPHONY ORCHESTRA 91-1630589 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

prevention of cruelty to children or animals. Complete Parts I, II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

BELLEVUE YOUTH SYMPHONY ORCHESTRA

91-1630589

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
1		\$\$ 5,100. Pa	erson X ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
2		\$\$ 6,200. Pa	erson X ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
3		Po Pr	erson X ayroll oncash onplete Part II for ash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 5,000.	erson X erson II encash II encash II encash II encash Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
		Pe Pi N. (Com	erson ayroll oncash uplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
		Pe Pi N. (Com	erson ayroll poncash plete Part II for ash contributions.)

Name of organization Employer identification number

BELLEVUE YOUTH SYMPHONY ORCHESTRA

91-1630589

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** BELLEVUE YOUTH SYMPHONY ORCHESTRA 91-1630589 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BELLEVUE YOUTH SYMPHONY ORCHESTRA

Employer identification number 91-1630589

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
_			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	historically important land area
	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 qualifi	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
С.	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where preparty subject to concernation and	amont is located	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ü	Land volunteer flours devoted to morntoning, inspecting, in	nariding of violations, and emoreing consci	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation	on easements during the year
•	▶ \$		caseee aag a.e. yea.
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	,	ain, provide
	the following amounts required to be reported under FASB AS	_	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

	dule D (Form 990) 2019 **Till Organizations Maintaining Co	Ilections of Art				r Othe	r Si			5000:		age ∠
3	Using the organization's acquisition, accession									(CONTIL	iuea)	
3	collection items (check all that apply):	i, and other records	s, crieck ar	ily of the h	ollowing that	i illane s	sigriiii	cant c	156 01 115			
_	Public exhibition	d		on or ovol	aanaa nraar	am.						
a		_			nange progra							
b	Scholarly research	е	Ot	ner								
C	Preservation for future generations			ملك يرم مالك يك ر					a in Dant	VIII		
4	Provide a description of the organization's colle								se in Part	XIII.		
5	During the year, did the organization solicit or r to be sold to raise funds rather than to be mair		•							Yes		No
Pai	t IV Escrow and Custodial Arrange					"Voc" or						<u> </u>
. u	reported an amount on Form 990, Part		ete ii trie oi	rgariizatioi	i alisweleu	res or	i FOII	11 990	, rait iv,	iii le 9, oi		
12	Is the organization an agent, trustee, custodiar		iany for cor	ntributions	or other acc	eate not	inclu	ded				
ıa	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIII ar									163	L	_ I40
b	ii res, explain the arrangement ii r art xiii ar	ia complete trie ion	lowing tab	iic.			Γ			Amoun	+	
•	Beginning balance						ŀ	1c		Amoun		
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance						- 1	1f				
2a	Did the organization include an amount on For									Yes		No
	If "Yes," explain the arrangement in Part XIII. C						-					j
Pai												
		(a) Current year	(b) Prio		(c) Two yea			hree v	ears back	(e) Four	vears	back
1a	Beginning of year balance	247,180.		33,647.		8,581.	(=,		28,775.	(0) . 0		596.
	Contributions	,		,		6,250.			799.			
	Net investment earnings, gains, and losses	-22,187.		13,533.	2	8,841.			29,007.		23,	179.
	Grants or scholarships	,		,					<u> </u>			
	Other expenditures for facilities											
_	and programs				16	0,025.						
f	Administrative expenses					-						
g	End of year balance	224,993.	2	47,180.	23	3,647.		3	58,581.		328,	775.
2	Provide the estimated percentage of the currer	nt vear end balance	e (line 1a. c	column (a)) held as:	-			•	ı		
	Board designated or quasi-endowment	,	%	().	,							
	Permanent endowment ► 100.00	%										
	Term endowment ▶ %											
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.										
За	Are there endowment funds not in the possess	ion of the organiza	tion that a	re held an	d administer	red for th	he or	ganiza	ition			
	by:	_									Yes	No
	(i) Unrelated organizations									3a(i)		Х
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Sche	edule R?						3b		
4	Describe in Part XIII the intended uses of the o											
Pai	t VI Land, Buildings, and Equipme	nt.										
	Complete if the organization answered	"Yes" on Form 990	, Part IV, li	ine 11a. S	ee Form 990	, Part X,	, line	10.				
	Description of property	(a) Cost or of		(b) Cost				nulate	d	(d) Boo	k valu	е
	Land	basis (investm	ierri)	basis (ou iei)	ue	prec	ation				
	Land	1	-									
	Buildings											
	Leasehold improvements	1	-	7	5 102		7:	2 0	1 2		1 2	3 5
	Equipment		-		5,183.		/ :	8,84	***		1,3	<u> </u>
	Other			(=) ·					_	,	1 2	3 E
ı ota	l . Add lines 1a through 1e. <i>(Column (d) must eau</i>	ual Form 990.Part 2	X. column	(B). line 10)c.)						1,3	J)∙

Schedule D (Form 990) 2019

	OUTH SYMPHONY	ORCHESTRA 91	-1630589 Page 3
Part VII Investments - Other Securities.	5 000 D 1 11 1 1	441.0.5.000.0.17.17.10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(b) Mothod of Valuation. Cost of circ	or your market value
(1) Financial derivatives (2) Closely held equity interests		+	
(3) Other		+	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u> </u>	1	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
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	OTT OTT GOO, T GITTY, IIIIG	THE OF THE GOOT OFFICE OF THE ZOO.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(7) (8) (9)

4c

Sche	dule D (Form 990) 2019 BELLEVUE YOUTH SYMPHON	IY ORCHESTRA	91-163058	9 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St	tatements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			
Pa	T XII Reconciliation of Expenses per Audited Financial S	Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Bart VIII.)	4b		

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THIS FUND IS CREATED AND SHALL BE OPERATED EXCLUSIVELY FOR THE BENEFIT OF THE BELLEVUE YOUTH SYMPHONY ORCHESTRA, AN ORGANIZATION EXEMPT FROM FEDERAL TAXATION UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AND SHALL BE USED TO BENEFIT PROGRAMS OF THE BELLEVUE YOUTH SYMPHONY ORCHESTRA INCLUDING, BUT NOT LIMITED TO: CULTIVATION, PROMOTION, AND DEVELOPMENT OF THE APPRECIATION, UNDERSTANDING, TASTE AND LOVE OF THE MUSICAL ARTS IN YOUNG PEOPLE; SCHOLARSHIPS; STIPENDS OR SALARIES AND BENEFITS FOR STAFF BOTH MUSICAL AND SUPPORT, OF THE BELLEVUE YOUTH SYMPHONY ORCHESTRA; AND OTHER PURPOSES AUTHORIZED BY THE BOARD OF DIRECTORS OF THE BELLEVUE YOUTH SYMPHONY ORCHESTRA WHICH WILL INURE TO THE BENEFIT OF THE BELLEVUE YOUTH

SYMPHONY ORCHESTRA.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

BELLEVUE	YOUTH SYM	PHONY ORCHE	STRA				91-1630589
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	า
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table	1	<u> </u>	1	•
3 Enter total number of other organization	-						

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	22	16,674.	0.		
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
VE REQUIRE APPLICANTS TO BE QUAL	IFIED MEMBE	RS OF OUR	ORCHESTRA	AND FOR THE	
FUNDS TO BE USED FOR TUITION.					

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

BELLEVILE VOUTH SYMPHONY ORCHESTRA

Employer identification number 91-1630589

DEBLEVOE TOOTH STATIONT ORCHESTRA 91 1030309
FORM 990, PART VI, SECTION B, LINE 11B:
FINAL FORM 990 IS REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR, AND
PRESENTED TO THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
REGULAR BOARD MEETINGS INCLUDE REVIEW OF POTENTIAL CONFLICTS. BOARD
MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY EVERY YEAR.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTOR AND MUSIC DIRECTOR
PERFORMANCES ANNUALLY. SALARY RANGES ARE EVALUATED AND COMPARED TO KING
COUNTY NON-PROFIT RANGES AND LEAGUE OF AMERICAN ORCHESTRA SURVEYS.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, POLICIES, AND PROCEDURES ARE PROVIDED UPON
REQUEST.