			** PUBLIC DISCLOSURE COPY *	*	
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		2020
			Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
AF	or th	e 2020 calend	ar year, or tax year beginning ${\tt SEP}$ $1$ , $2020$ and ending	AUG 31, 2021	
	heck if pplicab	le: C Name of	forganization	D Employer identificat	ion number
	Addre	BELL	EVUE YOUTH SYMPHONY ORCHESTRA		
	Name	pe Doing bi	usiness as	91-1630589	1
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final		OX 3774	425-467-56	
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	471,229.
	Amer returr Appli		EVUE, WA 98009	H(a) Is this a group retur	
	tion pendi		nd address of principal officer: KEVIN VORTMANN	for subordinates?	
		SAME	AS C ABOVE	H(b) Are all subordinates includ	
		empt status:		527 If "No," attach a list	
			BYSO.ORG X Corporation Trust Association Other ► L	H(c) Group exemption n	
	nrt I	Summary		Year of formation: 1964  M S	tate of legal dofinitie. WA
	1		e the organization's mission or most significant activities: TO ENRIC	H THE LIVES OF	STUDENT
e	•		NS THROUGH THE COLLABORATIVE PURSUIT O		DIODLINI
Governance	2	-	x  if the organization discontinued its operations or disposed of m		
ver	3			3	. 11
ŝ	4		lependent voting members of the governing body (Part VI, line 1b)		11
ళ	5		of individuals employed in calendar year 2020 (Part V, line 2a)		34
itie	6		of volunteers (estimate if necessary)		28
Activities &			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)	130,309.	182,598.
nue	9	Program servi	ce revenue (Part VIII, line 2g)	362,991.	276,291.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	16,740.	12,340.
æ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-248.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	509,792.	471,229.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	16,674.	3,650.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
Se	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	317,124.	275,570.
Expenses	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <b>•</b> 21,278.	0.	0.
đx				100.010	1 1 2 2 2 1
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	126,919.	171,301.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	460,717.	450,521.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12	49,075.	20,708.
t Assets or d Balances	00	Total accests /	Dert V line 16)	Beginning of Current Year 789,368 •	End of Year 864,134.
Bala	20	Total assets (F		100,121.	86,491.
Net A	21		(Part X, line 26)	689,247.	777,643.
	22 Irt II	Signature	fund balances. Subtract line 21 from line 20	009,2410	111,043.
		-	I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of my kn	owledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which prep		smougo ana bollot, it is
,	50110				

Sign Here	,	IVE DIRECTOR	Date					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	MATTHEW FRERKER	MATTHEW FRERKER (	6/21/22 self-employed P01677675					
Preparer	Firm's name 🕒 BDO USA, LLP		Firm's EIN ▶ 13-5381590					
Use Only	Firm's address 🔈 601 UNION ST, ST	E 2300						
	SEATTLE, WA 9810	1-2345	Phone no. (206) 382-7777					
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No					

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

	990 (2020) BELLEVUE YOUTH SYMPHONY ORCHESTRA t III Statement of Program Service Accomplishments	91-1630589 Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: BELLEVUE YOUTH SYMPHONY ORCHESTRA ENHANCES THE LIVES OF MUSICIANS BY PROVIDING DYNAMIC MUSICAL EXPERIENCES, FOST	STUDENT
	COLLABORATION, CONFIDENCE, AND PERSONAL RESPONSIBILITY T	
	PURSUIT OF ARTISTIC EXCELLENCE.	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$284,398. including grants of \$3,650. ) (Reve	nue\$ 276,291.)
	BELLEVUE YOUTH SYMPHONY ORCHESTRA'S ORCHESTRAL PROGRAMS	
	YOUNG MUSICIANS AGED 6-21, AND INCLUDE 6 ORCHESTRAS, 3 E	
	THREE SUMMER DAY CAMP SESSIONS. MORE THAN 15 DIFFERENT F	
	PUT ON EACH YEAR. STUDENTS LEARN PERSISTENCE, TEAMWORK,	
	IN ADDITION TO ORCHESTRAL SKILLS. STUDENTS WHO CANNOT A	AFFORD TUITION
	ARE SUPPORTED THROUGH FINANCIAL ASSISTANCE.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$ )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reve	nue \$)
10		/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 284, 398.	
		Form <b>990</b> (2020)
032002	12-23-20	
	·)	

Form	990	(2020)
FUIII	330	(2020)

# Form 990 (2020) BELLEVUE YOUTH SYMPHONY ORCHESTRA 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	X	
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			х
4	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 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		х
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		Х
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		Х
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
120	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<u></u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X 2020)
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Form	990	(2020)
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			V-		
20	Did the organization report more than \$5,000 of grants or other assistance to ar fer demostic individuals on		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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	00		x	
04.0	Schedule J	23			
248	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	24a		x	
Ь	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23	
		240			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c			
لم	any tax-exempt bonds?	24C 24d			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\frac{1}{2}$	240			
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a discussified person during the verse? If the end of the level is the le	250		x	
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a			
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				
06	Schedule L, Part I	25b		X	
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%	26		x	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20			
27	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 entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x	
28		21		- 23	
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
d		28a		x	
h	"Yes," complete Schedule L, Part IV	20a 28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 23	
C		28c		x	
29	"Yes," complete Schedule L, Part IV	200		X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	29		- 23	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x	
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X	
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51			
32		32		x	
33	Schedule N, Part II	32			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and			<u> </u>	
34		34		x	
35 2	Part V, line 1	35a		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000			
00	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 organization				
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>	
00	• • • • • • • • • • • • • • • • • • • •	38	х		
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
-	(gambling) winnings to prize winners?	1c	Х		
032004	12-23-20			(2020)	
	4			/	

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Form 990 (2020			SYMPHONY		
Part V S	atements Regarding Oth	er IRS Fili	ngs and Tax C	Compliance	(continued)

2a         Enter the number of employees reported on from W3, Transmittal of Wage and Tax Statements,         2a         34           b         If a least one is reported on line 2a, did the organization file all required feddral employment tax returns?         2b         X           3a         Did the organization have numbled business gross income of \$1,000 or more during the year?         3a         X           3b         If "Yes," return the numble of business gross income of \$1,000 or more during the year?         3a         X           3b         If "Yes," return the mane of the foring courtry?         4a         X           3c         If "Yes," return the mane of the foring courtry?         5a         X           3c         If "Yes," return the mane of the foring courtry?         5a         X           3c         If "Yes," return the mane of the foring m88617.         5a         X           3c         If "Yes," return the organization far the way return that the tax year?         5a         X           3c         If "Yes," return the annot the organization far the way or the system?         5a         X           3c         If "Yes," return the annot the organization far the m88617.         5a         X           3c         If "Yes," return the annot the organization far the male of the organization scale the angle the organization scale the organization scale the organization scale the organization s						Yes	No
b         If a last one is reported on line <sup>2</sup> a, diff the organization field any planer development to returns?         25         X           Mote:         If the sum of lines 1 and 2a is greater than 250, you may be required to e_rije (see instructions)         3a         X           Mote:         If the sum on lines 1 and 2a is greater than 250, you may be required to e_rije (see instructions)         3a         X           Mote:         If the sum onstated business greats income of \$1,000 or more during the year?         3a         X           Mote:         If the sum onstate or business greats income of \$1,000 or more during the subscreats?         3b         X           Mote:         If the sum on the sum onstate or business income of \$1,000 or more during the subscreats?         5a         X           See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly?         4a         X           Did the reganization have annual greats meass of the sum on the say control the organization have annual greats meass statement that such contributions or gifts         5a         X           Did the organization approximation have annual greats must all cost or survices provided not paper 7         7a         X           Dif the organization netwe annual greats must all cost or survices provided not paper 7         7a         X           Dif the organization netwe annual greats must all cost or survices provided not paper 7         7a         X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1 and 2 is ignater than 250, you may be required to e_r/ig (see instructions)         Image: Section 2000         Image: Section		filed for the calendar year ending with or within the year covered by this return	2a	34			
3a       Dd the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       f**ex, 'has it field a Form 900-T for this year? /f 'Wo'to <i>lone 3b, provide an explanation on Schedule O</i> 3b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b       If Yes,* Tuss if Hed a Form 990-T for this yes/* // Wo* to fine 3b, powide an explanation on Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other autionity over, a       4a       X         b       If Yes,* "name of the foreign country Sch as a bark account, securities account, or other financial account?)       4a       X         b       If Yes,* "name of the foreign country Sch as a bark account, securities account, or other financial account?)       5a       4a       X         55       Was the organization any any to a prohibited tax shelfer transaction at any time during the tax year?       5a       X         56       Does the organization in aug orges receptible that are normally greater than \$100,000, and did the organization solid were normal greater than \$100,000, and did the organization solid were normal greater than \$100,000, and did the organization solid were normal greater than \$100,000, and did the organization solid the advectible?       7a       X         7       Organization setwa apprentil necess of \$7h intothon and apprit of prohibit that are normally for goods and services provided?       7a       X         11       Yes,* 'dd the organization notily the doar of the value of the goods or services provided?       7a       X         11       Yes,* 'dd the organization notily the doar of the value of the good or services provided?       7a       X         11       Yes,* 'dd the organization not		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
4. At any time during the calendar year, did the organization have an interest in, or a signature or other natherity over, a financial accountify a financial accountify accounts (see the same as back account, second	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
fmancial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       f"Yes," enter the name of the foreign country       Image: Security (Security)       Security       Security </th <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule</th> <th>Ο.</th> <th></th> <th>3b</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
b       H*Yes," enter the name of the foreign country.       →         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5a       X         b       Was the organization aprity to a prohibited tas shelter transaction?       5b       X         b       If Yes's indicates the organization fibrem 8886.17?       5c       X         c       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween to tax deductable?       5c       X         f       Organizations that may receive deductable contributions under section 170(c).       6b       X       X         b       If Yes," idid the organization notify the donor of the value of the socids or services provided to the payor?       7a       X         d       If Yes," idid the organization neceive a spiment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         d       If Yes," idid the organization notify the donor of the value of the goods or services provided to the payor?       7a       X         d       If Yes," idicate the number of Forms 8282 filed during the year pay termines on a personal benefit contract?       7a       X         d       If Yes, "indicate the analy taxed boods or services provaled Predict contractor?       7a       X	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       58         59       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       58         50       Did any taxable party notify the organization file form 8888-17?       56         60       Does the organization any annual gross receipts that are normally greater than \$100,000, and did the organization selection that it was or is a party to a prohibited tax shelter transaction?       56         61       Pres, "did the organization near nanual gross receipts that are normally greater than \$100,000, and did the organization selection \$170(c).       66         70       Organization setu any memorit necess of \$75 made party as a contribution and party for goods and services provided to the part?       76         74       Tyse," did the organization notify the donor of the value of the goods or services provided?       76       72         75       Tyse," did the organization any funds, directly or indirectly, or a personal benefit contract?       76       72         76       Tyse," did the organization receive a grup funds, directly or indirectly, on a personal benefit contract?       76       X         77       Tyse," did the organization receive a contribution of qualitied intellectual property, did the organization file a Form 1088-62?       78         78       Did the segnanization receive a contribution of qualidied intellectual property, did the organiza		financial account in a foreign country (such as a bank account, securities account, or other financial account)?					Х
5a     Was the organization a party to a prohibited tax shelter transaction ?     5a     X       b     Did any taxable party notify the organization file Form 888617     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is a chartable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       c     Organization stat may receive deductible contributions and party for goods and services provided?     7a     X       d     If 'Yes,' did the organization notify the doors of the organization contributions set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7a     X       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7a     X       g     If the organization receive a any funds, directly or indirectly, on a personal benefit contract?     7t     X       g     Did the organization maximum, directly or indirectly, on a personal benefit contract?     7t     X       g     Sponsoring organization maximum, directly or indirectly, on a personal benefit contract?     7t     X       g     Sponsoring organization maximum door advised funds. Did a door advised fund maximaled by the sponsoring organization make any taxable distibutions unde	b						
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization line Form 888617       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any taxable distributions that were not tax deductible as charitable contributions?       5c       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         b       Did the organization necke apprent in excess of \$75 made party as contribution and party for goods and services provided to the payo?       7c       X         d       Did the organization necke apprent in excess of \$75 made party as contribution and party for goods and services provided to the payo?       7c       X         d       Did the organization necke apprent in excess of \$75 made party as contribution and party for goods and services provided?       7b       X         d       Did the organization necke apprent in excess of apprent in excess on the second particle parts and party for goods and services provided?       7c       X         d       Did the organization necke apprent in excess on the value of the goods or services provided?       7c       X         d       If the organization necke apprenorize on the seconde parts on the party or p		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
c     If "Yes," to line 5a or 5b, did the organization file Form 8896 F?     5c       6a     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is achartable contributions?     5c       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?     5c       7     Organizations that may receive deductible contributions under section 170(c).     7d     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       0     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization neceive any tunki, directly or indirectly, on a personal benefit contract?     7f     X       d     If the organization neceived a contribution of ausi, batinas, alpianes, or other valvides, did the organization formas or apersonal benefit contract?     7f     X       f     If the organization maxima and infinition door advised funds. Did a donor advised fund maintained by the sponsoring organization make and tashel distributions under section 4966?     9a     9a       9     Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization makes and isthibut donor a	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
Ga     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     Ga     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Ge     X       a     Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Ge     X       b     If "Yes," id did the organization notify the donor of the value of the goods or services provided?     Ta     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     Td     Te     X       f     Did the organization notify the donor of the value of the goods or services provided?     Te     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     Td     Te     X       f     Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     Tr     X       f     If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     Tr     X       g If the organization neceive any trans. directly or indirectly, to pay premiums on a personal benefit contract?     Tr     X       g If the organization neceive any trans. directly or indirectly, to pay premiums on a personal benefit contract?     Tr     X <th></th> <th colspan="4"></th> <th></th> <th>X</th>							X
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gilts     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization receive any funds, directly or indirectly, or a personal benefit contract?     7t     X       g     If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098 C?     7a     X       g     If the organization maintaining door advised funds.     Did the organization maintaining door advised funds.     Did the organization maintaining door advised funds.     Did the organization maintaining door advised funds.     Ba       a     Did the sponsoring organization. Takes a distribution to a door, door advised or the source against.     Ba     Ba       9     Sponsoring organization maintaining door advised funds.     Ba     Ba       a     Did the sponsoring organization make a distribution to a door, door advised or the source against.     Ba       9     Sponsoring organization.     Ba     Ba       9     <					5c		
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).       10       10         a       10 the organization state may receive deductible contributions and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization, during the year, pay premiums dispose or tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d       If the organization received a contribution of qualified intellectual property, did the organization file Form 8298 as required?       7h       X         f       If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file Form 1098 C?       8       9         9       Sponsoring organization maintaining donor advised funds.       10d the sponsoring organization make at stable distributions under section 4966?       9a       9a         0       Ub the sponsoring organization make at stable distributions under sources against amounto face anributation sincluded on Part VIII, line 12 <td< th=""><th>6a</th><th></th><th>e orga</th><th>anization solicit</th><th></th><th></th><th></th></td<>	6a		e orga	anization solicit			
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization neelike apyment in excess of 3/5 made partly as a contribution and partly for goods and services provided to the payor?     7a       2 Did the organization neelike, and the value of the goods or services provided?     7d       2 Did the organization neelike, and the value of the goods or services provided?     7d       3 Did the organization neelike, and the value of the goods or services provided?     7d       4 Did the organization neelike any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       9 Did the organization receive al contribution of qualified intellectual property, did the organization flow exceed a contribution of cars, boats, aipplanes, or dithe organization flow exceed a contribution of cars, boats, aipplanes, or dithe organization flow exceed a contribution of cars, boats, aipplanes, or dithe organization flow exceeds a service basiness holdings at any time during the year?     8a       9 Sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organization neave exceed funds.     10a       10b     10b     10b       111     10a     10b       122     10a     10a       13     Section 501(c)(12) organizations. Enter:     10a       13 <th></th> <th></th> <th></th> <th></th> <th>6a</th> <th></th> <th>X</th>					6a		X
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization neceive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor?       7a       X         b) If 'Yes,' (d) the organization notity the donor of the value of services provided?       7d       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7d       X         c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d) If the organization receive a contribution of qualified intellectual property (d) the organization file a Form 1098-C?       7h       X         g) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g) Did the sponsoring organization nake any taxable distributions under section 4966?       9a       9b       9b         g) Gross income from members or shareholders       10a       10a       10a       10a         g) Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b         g) Gross income from members or shareholders       10a       10b       10a	b		ons o	r gifts			
a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,'' indicate the number of Forms 8282 filed during the year	_				6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         f       If the organization acceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organization make and ghoor advised funds.       3e       3e       3e         9       Sponsoring organization make and instributions under section 4966?       9a       9b       3e         10       the sponsoring organization make a distribution to a donor, donor advised funds.       10a       10a       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10a					_		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Ves," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organizations maintaining donor advised funds.       Did a choor advised fund antitained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         g       Did the sponsoring organizations maintaining donor advised funds.       9b       9b       9b       9b       9b         g       Section 501(c/l/) organizations. Enter:       10a       10a <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         D dt the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f Did the organization received a contribution of qaulified intellectual property, did the organization file Form 8898 as required?       7d       7d       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7d       7n       X         8 Sponsoring organization make any taxable distributions under section 4966?       9a       9       9a       9b       <					10		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Te       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Th       X         g Sponsoring organization mate excess business holdings at any time during the year?       8       Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       Section 501(c)(7) organizations. Enter:         a Did the sponsoring organization make any taxable distributions on daviser, or related person?       9b       Section 501(c)(7) organizations. Enter:       IDa         a filtation fees and capital contributions included on Part VIII, line 12       IDa       IDa       IDB         b Gross income from members or shareholders       IDa       IDa       IDa       IDA         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       IDa       IDA       IDA         12a       Section 501(c)(12) organization is required to maintain by the states in which the organization is incensed to issue qualifi	С				7.		v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       X         8       Sponsoring organizations maintaining door advised funds.       Did a door advised funds.       8       9a       9b       9a       9a       9b       9a       9b       9a       9b       9a       9b       9a       9a       9b       9a       9a       9a       9a       9a       9a       9	А		1		70		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       76       76         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       76       76         Sponsoring organizations maintaining donor advised funds.       Did da donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9b         0       Genes and capital contributions included on Part VIII, line 12.       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b       10b       10c       10b       10c       10b       10c       10c <th></th> <th></th> <th></th> <th></th> <th>70</th> <th></th> <th>x</th>					70		x
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         10       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Did the sponsoring organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         12       Section 501(c)(7) organizations. Enter:       10b       11a       12a         13       Section 501(c)(12) organizations. Enter:       10b       11a       12a         13       Gross income from members or shareholders       11a       12a       12a       12a         14       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14       13c       13a       13a       13a       13a       13a       13a <td< th=""><th>-</th><th colspan="5"></th><th></th></td<>	-						
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a       10a         1       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         13       Gross income from members or shareholders       11a       11a       12a         14       Section 501(c)(22) organizations. Enter:       11b       12a       12b         14       Section 501(c)(212) organizations. Enter:       11b       11b       12a         15       Gross income from members or shareholders       11a       12a       12b       12a         15       Gross income from other sources (Do not net amounts due or pacid to other sources against amounts due or received from them.)       11b       12a       12a <th></th> <th colspan="4"></th> <th></th> <th></th>							
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Initiation fees and capital contributions. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       10b         13       Section form ofter sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a         13       Is the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14       Did the organization subject to the section 4960 tax on payment(s)	-						
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organizations make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organizations. Enter:       10a       10a       9b         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         a Gross income from members or shareholders       11a       10b       10b       10b         b Gross income from members or shareholders       11b       12a       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Did the organization icensed to issue qualified health plans in more than one state?       13a       13a       13a         15       Enter the amount of reserves on hand       13a       13a       14a       X         16       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche	-						
9 Sponsoring organizations maintaining donor advised funds.   a 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?   9 9b   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   11 11a   b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a 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 the organization is licensed to issue qualified health plans   11a 13a   13a 13a   14a X   15 Is the organization subject to the section 4968 excise tax on net investment income?   16 X							
a 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:       10a         a 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:       11a         a Gross income from members or shareholders       11a         b 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 501(c)(29) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a         14a       X         b If "Yes," has if filed a Form 720 to report these payments? <i>It "No," provide an explanation on Schedule O</i> 14a         15 Is the organization subject to the section 4968 excise tax on net investment income?       15         15       Is the organization an educational institution subject to the section 4968 excise tax on net investm	9						
10       Section 501(c)(7) organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         12       Section 501(c)(22) qualified nonprofit health insurance issuers.         a       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 the organization receive any payments for indoor tanning services during the tax year?         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         14b       Is the organization an educational information the section 4968 excise tax on	а				9a		
a       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:       11a       10b         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
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:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a         b       Enter the amount of reserves on hand       13c       14a       X         144       Did the organization subject to these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X	10	Section 501(c)(7) organizations. Enter:					
11       Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b 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?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c 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       13c         c Bret the amount of reserves on hand       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       X       15       X         16       X       16       X	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders       11a         b 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?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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         c Enter the amount of reserves on hand       13c       14a         14a       X         14b       14a       X         14b       14a       X         15       X       15       X         16       If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13b       13c         14a       X       14a       X         14a       X       14b       14b         15       X       14b       14b         15       X       15       X         16       X       16       X	11	Section 501(c)(12) organizations. Enter:					
amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         16       X	а	Gross income from members or shareholders	11a				
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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       13a         c       Enter the amount of reserves on hand       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see instructions and file Form 4720, Schedule N.       16       X	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a 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 the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   14a X   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   If "Yes," see instructions and file Form 4720, Schedule N.   16 X		,					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X				?	12a		
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans       13b         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       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans	b		12b				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans is constraint of the serves on hand is constraint of the organization receive any payments for indoor tanning services during the tax year?       Image: I							
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       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а				13a		
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X							
c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	b		400	1			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X							
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X				•	14-		Y
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?							A
excess parachute payment(s) during the year?					14D		
If "Yes," see instructions and file Form 4720, Schedule N.         16       X         16       X	15				15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					13		
	16		t inco	ne?	16		х

Form **990** (2020)

032005 12-23-20

### BELLEVUE YOUTH SYMPHONY ORCHESTRA

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.

	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
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	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		venue	0000.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
~		•	, annatoo,	10b		
11a				11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 50101	e ning the form.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0		
U	in Schedule O how this was done	,		12c	х	
13				13	X	
14				14	X	
1 <del>4</del> 15	Did the organization have a written document retention and destruction policy?			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dependent			
~	The organization's CEO, Executive Director, or top management official			15a	х	
a 5					23	x
b	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont ···	ith a			
108	to a block of the state of the			16-		x
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
a	in "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		-			
				104		
Sec	exempt status with respect to such arrangements?			16b		
17				م میراند ک		h l n
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990	-1 (Section 501(c)(3)	s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.	_				
40	X Own website X Another's website X Upon request Other (explain)		,	L.C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	or interest policy, and	i finano	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	oks and	a records 🕨			
	$\frac{\text{KEVIN VORTMANN} - 425 - 467 - 5604}{12210 \text{ NE 9771} + 201 \text{ DELLEVILE NA 08005}}$					
	12310 NE 8TH STREET #201, BELLEVUE, WA 98005			r	000	(0000)
032006	12-23-20 <b>C</b>			Form	990	(2020)
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Form 990 (	2020) BELLEVUE YOUTH SYMPHONY ORCHESTRA	91-1030289	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
-	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the organization'	s tax year.
<ul> <li>List a</li> </ul>	Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), reg	ardless of amount of compens	sation.

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus <sup>:</sup>	iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		voldr	st con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TRUDI JACKSON	40.00					1 0				
EXECUTIVE DIRECTOR		1		x				65,079.	0.	8,938.
(2) SUZI CAVASSA	16.00									
INTERIM EXECUTIVE DIRECTOR				Х				0.	0.	0.
(3) MARCIA ISENBERGER	16.00									
INERIM EXECUTIVE DIRECTOR				Х				0.	0.	0.
(4) KRISTI JO LYNN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) BENNET WANG	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(6) JAY LAUGHLIN	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) KATHY KEARNY	1.00									_
TREASURER		Х		X				0.	0.	0.
(8) REID FLICKINGER	1.00									
DIRECTOR		х						0.	0.	0.
(9) PASCAL PINCK	1.00									
DIRECTOR		х						0.	0.	0.
(10) KHEK THE	1.00									
DIRECTOR		х						0.	0.	0.
(11) JENNIFER TORR	1.00									
DIRECTOR	1	Х						0.	0.	0.
(12) ASAKO YOSHIMURA	1.00									
DIRECTOR	1	Х						0.	0.	0.
(13) AE WONGKAEW	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(14) LAWRENCE MERRITT	1.00									•
DIRECTOR		Х						0.	0.	0.
						-				
		1								
		1								
	1			1			1	1		<b>– 000</b> (2222)

032007 12-23-20

Form 990 (2020)

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	990 (2020) BELLEVUE	YOUTH S	SYM	IPH	ON	Y	OR	CH	IESTRA	91-16	30	589	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	ss per	ition more son is	l than c s both r/trust	an	n compensation compensation			an	(F) timate nount o other	
		(list any hours for related organizations below line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	· ·			e ion ed
	<b>2</b> (1) (1)								65,079.		0.		8,93	30
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.0.	0.		
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,0	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,		,	•	,	,	0		,	[	3		X
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	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4		X
	rendered to the organization? <i>If</i> "Yes," <i>com</i>											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										ensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of se	ervices	C	(C omper	<b>;)</b> nsatior	۱
								_						
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				C	)						000	

Form **990** (2020)

032008 12-23-20

and the feed rated compaigns       ta	Ра	<b>rτ v</b>	/111									
Total revenue       Pleated or exempt       Unrelated Unrelation & Unrelation Unrelation				Check if Schedule O	conta	ins a respor	nse o	or note to any line		(B)	(C)	<u> </u>
arrows       1a       Image: Section 512-51         b       b       1b       1b         c       Fundaming cents       1b       1c         d       Related organizations       1d       1c         g       wide controlloop (sing) (sing cents) and (sing cen										Related or exempt	Unrelated	Revenue excluded
a       1 a       Federated campaigns       1a         b       b       b       b       b         c       Fundaming events       to       to         d       Control to to the tore of tore of the										function revenue	business revenue	
Business Code         Description           000099         276,291.         276,291.           0         100099         276,291.         276,291.           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         1000000000000000000000000000000000000	<i>(</i> ) <i>(</i> )	4	_	Endorated compaigns		10						000000000000000000000000000000000000000
Business Code         Description           000099         276,291.         276,291.           0         100099         276,291.         276,291.           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         1000000000000000000000000000000000000	ants	•										
Business Code         Description           000099         276,291.         276,291.           0         100099         276,291.         276,291.           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         1000000000000000000000000000000000000	D D D											
Business Code         Description           000099         276,291.         276,291.           0         100099         276,291.         276,291.           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         1000000000000000000000000000000000000	fts, r Ai											
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Business Code         Description           000099         276,291.         276,291.           0         100099         276,291.         276,291.           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         1000000000000000000000000000000000000	ons											
Business Code         Description           000099         276,291.         276,291.           0         100099         276,291.         276,291.           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         1000099         276,291.         1000099           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         12,340.         12,340.         12,340.           1         1000000000000000000000000000000000000	her		•					73,084.				
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90       90       90       90       90       90       90       90       90       90       90       90       90       90       90       90       91       100       91       <	e	2	а	TUITION				900099	276,291.	276,291.		
g       Total. Add lines 2a:21       276, 291.         3       Investment income (including dividends, interest, and other similar amounts).       12, 340.         4       Income from investment of tax exempt bond proceeds       12, 340.         5       Royaties       0         6 a       Gross rents       6a         7 a       Gross amount from sales of areasts other than invome or (loss)       >         7 a       Gross amount from sales of areasts other than invome or (loss)       >         7 a       Gross income from fundraising events (not including \$\frac{1}{72}\$       -         8 a       Gross income from fundraising events       >         9 a       Gross income from gaming activities. See       9a         9 a       Gross shore from gaming activities. See       9a         9 a       Gross shore from sales of inventory, less returns and allowances       9b         9 b       Less: cost of goods sold       10a         10 a       Coss sales of inventory, less returns and allowances       10a         11 a       B       Businese Code       0         11 a       A	vic									-		
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3       Investment income (including dividends, interest, and other similar amounts).       12,340.       12,340.         4       Income from investment of tax-exempt bond proceeds       12,340.       12,340.         5       Royalties       0) Real       0) Presonal         6 a       Gross rents       6a       6b       0         b       Less: rental expenses       6b       0       0         7 a       Gross amount from sales of assets other than inventory       10       10       0         b       Less: cost of the hasis and sales expenses       7b       0       0       0         a dross income from fundraising events (not including \$ of contributions reported on line 1c). See       10       0       0       0         9 a       Gross income from gaming activities. See       9a       9a       0       0       0         9 a       Gross income from gaming activities. See       9a       0<	Pr		f	All other program service	rever	nue						
a       income from investment to tax-exempt bond proceeds       12,340.       12,340.         5       Royatiles       10       12,340.       12,340.         6       a       Gross rents       6a       10       10         6       a       Gross rents       6a       10       10       10         7       a       Gross amout from sales of asses of the rental income or (loss)       10       10       10       10         7       a       Gross amout from sales of asses of the rental income or (loss)       10 <th></th> <td></td> <td>g</td> <td>Total. Add lines 2a-2f</td> <td></td> <td></td> <td></td> <td> ►</td> <td>276,291.</td> <td></td> <td></td> <td></td>			g	Total. Add lines 2a-2f				►	276,291.			
4       Income from investment of fax-exempt bond proceeds         5       Royatties         6       a Gross rents         7       a Gross anout from sales of a Gross rents         7       a Gross anout from sales of a Gross rents         7       a Gross income from fundraling events         7       a Gross income from fundraling events         8       a Gross income from gaming activities. See         9       a Gross from gaming activities. See         9       a Gross form gaming activities. See         9       a Gross form gaming activities. See         9       a Gross form gaming activities. See         9       b Less: cost of goods sold         10       a Malowances		3		•	•							
5       Royatties       (i) Real       (ii) Personal         6       a Gross rents       ga       (ii) Personal         b       Less: rental expenses       (iii) Personal         c       Rental income or (loss)       (iii) Personal         7       a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         assets other than inventory       7a       (iii) Securities       (iii) Other         assets other than inventory       7a       (iii) Securities       (iii) Other         assets other than inventory       7a       (iii) Securities       (iii) Other         assets other than inventory       7a       (iii) Securities       (iii) Other         assets other than inventory       7a       (iiii) Securities       (iiii) Other         assets other than inventory       7c       (iiii) Other       (iiiiiiiii) Securities       (iiiiiiiiiiiiiii) Securities         a Gross income from fundraising events         (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				other similar amounts)				►	12,340.			12,340.
6 a Gross rents       00       00       00         b Less: rental expenses       00       00       00         c Rental income or (loss)       00       00       00         7 a Gross amount from sales of assets other than inventory       0       00       00         a Gross income from sales of assets other than inventory       10       0       00       00         b Less: cost or other basis       7b       0       0       00       00         a Gross income from fundralsing events (not including \$		4				•		· · ·				
6 a Gross rents       6 b         b Less: rental expenses       6 b         c Rental income or (loss)       6 c         d Net rental income or (loss)       6 c         7 a Gross amount from sales of assets other than inventory       6 c         7 a Gross amount from sales of assets other than inventory       7 c         0 Net rental income or (loss)       7 c         0 Securities       (i) Other asset and sales expenses         7 a Gross income from thurdraising events (not including \$ of contributions reported on line 1c). See       •         8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See       •         9 a Gross alees of inventory, less returns and allowances       8 b         0 A the income or (loss) from gaming activities       •         9 a Gross alees of inventory, less returns and allowances       9 b         0 Less: direct expenses       10 a Gross alee of inventory, less returns and allowances       10 a Gross alee of inventory, less returns and allowances       10 a Gross alee of inventory, less returns and allowances       10 a Gross alee of inventory, less returns and allowances       10 a Gross alee of inventory, less returns and allowances       10 a Gross alee of inventory		5		Royalties								
b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       6c         7       Gross amount from sales of assets other than inventory       7a         b       Less: cost or other basis       7b         c       Gain or (loss)       7c         d       Net spin services       7b         d       Net spin services       7b         d       Net spin services       7c         d       Net spin services       7c         d       Net spin services       0         a       Gross income from fundraising events (not including \$						(i) Real		(ii) Personal				
c       Rental income or (loss)       Bc       Image: constraint from sales of assets other than inventory         b       Less: cost or other basis and sales expenses       (i) Securities       (ii) Other         c       Gain or (loss)       7c       7c         d       Net gain or (loss)       7d       7d         d       Net gain or (loss)       7d       7d         d       Net gain or (loss)       7d       7d         d       Net finct expenses       Bb       Bb       8d         b       Less: direct expenses       Bb       9a       7d         d       Income or (loss) from gaming activities       Pa       Pa       Pa         d       Income or (lo		6	а									
d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses 7b   c Gain or (loss)   7 a Coss income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 8a   b Less: direct expenses   gain or (loss) gain or (loss)   c All other revenue   b Less: direct expenses   gain or (loss) gain or (loss)   d Net gain or (loss)   a gain or (loss)   b Less: direct expenses   gain or (loss) gain or (loss)   c Net income or (loss) from fundraising events   b Less: direct expenses   gain or (loss) from gaining activities. See   gain or (loss) from gaining activities   gain or (loss) from sales of inventory   b   b   c   c   d <td></td> <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			b									
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9900000000000000000000000000000000000		_		· ·	;) 	(i) Coordinati						
B       Less: cost or other basis and sales expenses       7b         C       Gain or (loss)       7c         d       Net gain or (loss)       7c         8       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events          9       Gross income from gaming activities. See Part IV, line 19       9a         9       Gross alse of inventory, less returns and allowances       0b         10       Cross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory          c       Net income or (loss) from sales of inventory          a       Business Code          b		7	а			(I) Securiti	es					
and sales expenses       7b         c       Gain or (loss)         d       Net gain or (loss)         d       Net gain or (loss)         d       Net gain or (loss)         a       Gross income from fundraising events (not including \$				5	<i>1</i> a							
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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Bab   b Less: direct expenses Bb   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19 Bb   b Less: direct expenses Bb   c Net income or (loss) from gaming activities   9 a Gross sales of inventory, less returns and allowances 10a   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c	nue											
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Bab   b Less: direct expenses Bb   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19 Bb   b Less: direct expenses Bb   c Net income or (loss) from gaming activities   9 a Gross sales of inventory, less returns and allowances 10a   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory   b Less: cost of goods sold 10b   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c	eve				<u> </u>							
B including \$of   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on line 1c). See   Part IV, line 18   b   b   contributions reported on gaming activities. See   Part IV, line 19   b   Less: direct expenses   9a   contributions reported on gaming activities   contributions reported on gaming activities   10 a   Gross sales of inventory, less returns   and allowances   10a   b   Less: cost of goods sold   contributions reported on line 10.   contributions reported on line 10.   b   Less: cost of goods sold   contributions reported (loss) from sales of inventory   b   contributions reported (loss) from sales of inventory   contributions reported (	ř	0										
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b       Less: direct expenses       Bb         c       Net income or (loss) from fundraising events       Image: Contribution of the second	Jthe	0	u									
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b Less: direct expenses 8b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See Part IV, line 19   b Less: direct expenses   9 b Less: direct expenses   9 c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 a Less: cost of goods sold   11 a Business Code   b Less: cost of goods sold   c All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions				-		-	8a					
c       Net income or (loss) from fundraising events  <			b									
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   b Less: cost of goods sold   10 a Korss from sales of inventory   b Less: cost of goods sold   10 a Mathematical Sector   b Less: cost of goods sold   10 a Mathematical Sector   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c All other revenue   e Total. Add lines 11a-11d     471, 229.   276, 291.   0.							· · · ·					
Part IV, line 19 9a   9b 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances 10a   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Int a   b Business Code     11 a   b   c   d   All other revenue   e   Total Add lines 11a-11d     471, 229.   276, 291.   0.		9				-						
b Less: direct expenses 9b b c Net income or (loss) from gaming activities ▶ 10 a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ 10a 11 a b c All other revenue e Total. Add lines 11a-11d ▶ 471, 229. 276, 291. 0. 12, 340.												
c       Net income or (loss) from gaming activities       ▶         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       ▶         11 a       Business Code       □         b       □       □         c       □       □         d       All other revenue       □         e       Total. Add lines 11a-11d       ▶         12       Total revenue. See instructions       ▲			b				9b					
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b							s	►				
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory		10	а	Gross sales of inventory,	less r	eturns						
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory				and allowances			10a					
Business Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         b       Image: Code       Image: Code <th></th> <td></td> <td>b</td> <td></td> <td></td> <td></td> <td>10b</td> <td></td> <td></td> <td></td> <td></td> <td></td>			b				10b					
11 a			с	Net income or (loss) from	sales	of inventor	y	►				
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         471,229.       276,291.         0.       12,340.	s						ļ	Business Code				
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         471,229.       276,291.         0.       12,340.	e e	11	а				_					
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         471,229.       276,291.         0.       12,340.	ane		b				_					
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         471,229.       276,291.         0.       12,340.	cell lev						_					
e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶         471,229.       276,291.         0.       12,340.	Mis											
									471 000	0.7.6 0.0.1		10.240
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BELLEVUE YOUTH SYMPHONY ORCHESTRA

Form 990 (2020)

Page **9** 

91-1630589

BELLEVUE YOUTH SYMPHONY ORCHESTRA Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	its and other assistance to domestic organizations		expenses	general expenses	CAPENSES
	domestic governments. See Part IV, line 21				
	nts and other assistance to domestic				
	viduals. See Part IV, line 22	3,650.	3,650.		
	nts and other assistance to foreign	.,			
	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	npensation of current officers, directors,				
	tees, and key employees	66,707.	60,874.	2,051.	3,782
	pensation not included above to disqualified				
perso	ons (as defined under section 4958(f)(1)) and				
perso	ons described in section 4958(c)(3)(B)				
7 Othe	er salaries and wages	181,044.	164,354.	12,949.	3,741
B Pens	sion plan accruals and contributions (include				
secti	on 401(k) and 403(b) employer contributions)				
9 Othe	er employee benefits	10,306.	8,605.	1,133.	568
) Payr	roll taxes	17,513.	14,597.	1,987.	929
I Fees	s for services (nonemployees):				
<b>a</b> Man	nagement				
b Lega	al				
c Acco	ounting	8,325.		8,325.	
d Lobi	bying				
	essional fundraising services. See Part IV, line 17				
	stment management fees				
-	er. (If line 11g amount exceeds 10% of line 25,		0 4 0 5		
	mn (A) amount, list line 11g expenses on Sch O.)	73,913.	3,125.	70,268.	520
	ertising and promotion	35.	35.	10.000	250
		12,812.	2,143.	10,299.	370
	rmation technology	2,128.		2,128.	
	alties		22.001	10 252	2 0 5 2
		37,065.	22,861.	10,252.	3,952
7 Trav	F				
	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
	ferences, conventions, and meetings	520.		520.	
) Inter		520.		520.	
	ments to affiliates	1,403.		1,403.	
	reciation, depletion, and amortization	13,476.	22.	13,234.	220
		15,470.	22•	13,234.	220
abov line 2	r expenses. Itemize expenses not covered re (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A)				
	unt, list line 24e expenses on Schedule 0.) INTING AND COPYING	10,490.	1,444.	1,850.	7,196
-	NK FEES	7,251.	20.	7,231.	,,190
	OGRAM EXPENSES	3,883.	2,668.	1,215.	
d <u>1 10</u>		5,005.	2,000.	<u> </u>	
-	ther expenses				
	I functional expenses. Add lines 1 through 24e	450,521.	284,398.	144,845.	21,278
	t costs. Complete this line only if the organization				,_,0
	rted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
	k here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2020)

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BELLEVUE	YOUTH	SYMPHONY	ORCHESTRA

91-1630589 Page 11

Par	ιx	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			284,190.	1	296,354
	2	Savings and temporary cash investments			42,826.	2	42,858
	3	Pledges and grants receivable, net			32,948.	3	17,575
	4	Accounts receivable, net			0.	4	2,387
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial c	contributor, or 35%			
		controlled entity or family member of any of th	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
s.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
¥ ∣	9	<b>—</b> ··· ··· ···			9,957.	9	1,736
	10a	Land, buildings, and equipment: cost or othe	·				
		basis. Complete Part VI of Schedule D	. 10a	78,236.			
	b	Less: accumulated depreciation	. 10b	74,436.	1,335.	10c	3,800
	11	Investments - publicly traded securities	418,112.	11	499,424		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			789,368.	16	864,134
	17	Accounts payable and accrued expenses		21,906.	17	36,008	
	18	Grants payable		18			
	19	Deferred revenue	14,868.	19	(		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
s	22	Loans and other payables to any current or fo	ormer offic	er, director,			
litie		trustee, key employee, creator or founder, su	ostantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
	23	Secured mortgages and notes payable to unr	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	parties	63,347.	24	50,483
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lir	nes 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			100,121.	26	86,491
<u> </u>		Organizations that follow FASB ASC 958, o	heck her	e ▶ 🛛			
š		and complete lines 27, 28, 32, and 33.			100 516		
lan	27			·····	420,516.	27	508,912
Ba	28	Net assets with donor restrictions	268,731.	28	268,731		
		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📃			
ī L		and complete lines 29 through 33.					
ດ ເຊ	29	Capital stock or trust principal, or current fun-				29	
ŝŝ	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			689,247.	32	777,643
	33	Total liabilities and net assets/fund balances			789,368.	33	864,134

Form 990 (2020)

Form 990 (2020) BELLEVU

Form	990 (2020) BELLEVUE YOUTH SYMPHONY ORCHESTRA	91-163	0589	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,22	
2	Total expenses (must equal Part IX, column (A), line 25)	2		),52	
3	Revenue less expenses. Subtract line 2 from line 1	3			08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	689	9,24	47.
5	Net unrealized gains (losses) on investments	5	68	3,6'	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-99	91.
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	775	7,64	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	l 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	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			-	uan	(0000)

Form **990** (2020)

SCHE	DUL	.E A
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Department of the Treasury

(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.

OMB No. 1545-0047
2020
Open to Public Inspection

Interna	I Reven	nue Service		Go to www.irs.go	Inspection									
Nam	e of t	he organizati								identification number				
Pa	41	Peacon			SYMPHONY OR			:		1-1630589				
					(All organizations must c			ee instruction	IS.					
	organi		-		For lines 1 through 12, c	-	-	IV A V:						
1		-			on of churches described			I)(A)(I).						
2					(Attach Schedule E (Forn			:)						
3 ⊿					anization described in <b>se</b> njunction with a hospital				Viii) Enter	the hospital's name				
4		city, and stat				acsenbed	Sectio			the hospital s hame,				
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in				
•				Complete Part II.)										
6					nental unit described in	section 17	70(b)(1)(A)	(v).						
7				-	ntial part of its support fr				ne general r	oublic described in				
		-		complete Part II.)		Ũ			0					
8					(1)(A)(vi). (Complete Par	t II.)								
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or				
		university:												
10	X													
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment												
					(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Complete Part III.)												
11		-	-	-	ively to test for public sa	•								
12		-	-	-	ively for the benefit of, to	-			•					
				-	ed in section 509(a)(1) of supporting organization									
а		7	•		supervised, or controlled		-		-	aivina				
u	L			-	gularly appoint or elect a	• • • •	-							
			-	complete Part IV, Se	• • • •	indjointy c				pporting				
b				-	d or controlled in connect	ion with it	s supporte	d organizatio	n(s). bv hav	vina				
					anization vested in the sa			-		•				
			•	st complete Part IV,		•								
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,				
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.						
d		] Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppo	ted organiz	zation(s)				
		that is not	functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness				
	_	requiremer	nt (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	<b>V</b> .						
е		_	0		written determination fro			Туре I, Туре	II, Type III					
					nally integrated supportion	ng organiz	ation.			<b></b>				
f			of supported o	•										
g		/Ide the follow i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other				
		organizatior		(.,	(described on lines 1-10	Yes	ing document?	support (see in	,	support (see instructions)				
					above (see instructions))									

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

# Schedule A (Form 990 or 990-EZ) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTRA Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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.						
Sec	ction B. Total Support		1	- 1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third	, fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	<u>c Support Pe</u>	rcentage				
	Public support percentage for 2020 (li		•	(77)		14	%
	Public support percentage from 2019					15	%
<b>16</b> a	33 1/3% support test - 2020. If the c	organization did no	ot check the box of	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		÷				
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali		•••				
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check thi	s box and stop h	<b>ere.</b> Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported of	organization		▶∟
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a public	y supported organi	zation	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17			
					Sch	edule A (Form 99	) or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTRA 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.)

#### Section A. Public Support (c) 2018 (d) 2019 Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 149,267 110,698. 113,631. 130,309. 182,598. 686,503. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 402,108. 512,192. 368,337. 276,291. 1926678. 367,750. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 517,017. 512,806. 625,823. 498,646. 458,889. 2613181. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 5,545. 8,430. 15,154. 54,322. 11,672. 13,521 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 Ο. c Add lines 7a and 7b 11,672. 5,545. 8,430. 15,154. 13,521 54 322 2558859 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2019 (e) 2020 (f) Total (a) 2016 (b) 2017 (c) 2018 512,806. 9 Amounts from line 6 517,017. 2613181. 625,823. 498,646. 458,889. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 11,081. 169. 12,340. 58,594. 13,551. 21,453. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 13,551. 21,453. 11,081. 169. 12,340. 58,594. c Add lines 10a and 10b 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.) 530,568. 534,259. 636,904. 498,815. 471,229. 2671775. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 95.77 % Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 15 95.86 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.19 17 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) % 2.34 18 18 Investment income percentage from 2019 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020 032023 01-25-21

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### 15000621 758871 092746.0

### Schedule A (Form 990 or 990-EZ) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTRA

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

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032024 01-25-21

| 10b | | Schedule A (Form 990 or 990-EZ) 2020

### OF AGOLEZ) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTER

	rt IV Supporting Organizations (continued)		age J
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	165	
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		
d			
h	11c below, the governing body of a supported organization?       11a         1 family members of a percent described in line 11a above?       114		<u> </u>
	A family member of a person described in line 11a above?	·	
с			
800	<u>detail in</u> Part VI. 11c		
<u></u>			T
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_	
2	5 1 5 11 5		
	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,		
	supervised, or controlled the supporting organization.		
Sec	ction C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	ction D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	ction 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		ons)	
2	Activities Test. Answer lines 2a and 2b below.		No

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

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032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

15000621 758871 092746.0

### Schedule A (Form 990 or 990-EZ) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTRA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTRA

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (contine	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	Ene o anoant avraga by into o anoant	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.				
<u> </u>					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A Part VI	(Form 990 or 990-EZ) 2020 Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide tl , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part IV	ne explanation a, 6, 9a, 9b, 9c /, Section E, lir	s required by , 11a, 11b, an les 1c, 2a, 2b	Part II, line 10; Part I nd 11c; Part IV, Secti , 3a, and 3b; Part V,	I, line 17a or 1 on B, lines 1 a line 1; Part V, \$	nd 2; Part IV, Section Section B, line 1e; Pa	ıC,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	on E, lines 2, 5,	and 6. Also c	complete this part for	any additiona	l information.	
032028 01-25-2	21			20		Schedule	A (Form 990 or 990-	EZ) 2020

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

### 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

2020

Employer identification number

	BELLEVUE YOUTH SYMPHONY ORCHESTRA	91-1630589
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 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  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Employer identification number

91-1630589

### BELLEVUE YOUTH SYMPHONY ORCHESTRA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b)	(a)	
No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$63,845.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	\$9,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$8,269.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

91-1630589

### BELLEVUE YOUTH SYMPHONY ORCHESTRA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7_		\$ <u>10,000.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_		\$5,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Name of organization

Employer identification number

91-1630589

BELLEVUE YOUTH SYMPHONY ORCHESTRA

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$	
(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. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

### 15000621 758871 092746.0

anization		Employer identification number
UE YOUTH SYMPHONY ORCH	ESTRA	91-1630589
Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations described in s a) through (e) and the following line en charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	
Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gi ind ZIP + 4	Ift Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	ift Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name. address. a	(e) Transfer of gi	ift Relationship of transferor to transferee
	JE YOUTH SYMPHONY ORCH Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift (c) (b) Purpose of gift (c) (b) Purpose of gift (c) (c)	JE YOUTH SYMPHONY ORCHESTRA         Exclusively religious, charlable, etc., contributions to organizations described in a from any one contributor. Complete columns (a) through (e) and the following line e completing Part III if additional space is needed.         (b) Purpose of gift       (c) Use of gift         (e) Transferee's name, address, and ZIP + 4         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name	of th	ne or	qaniza	tion

### BELLEVUE YOUTH SYMPHONY ORCHESTRA

Employer identification number 91-1630589

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	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	writing that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	°	
Dec				
Par			), Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		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 qualif	fied conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Year	
	Total number of conservation easements			
	Number of conservation easements on a certified historic structure			
d	Number of conservation easements included in (c) acquired a			
~	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during the tax	
4	year ► Number of states where property subject to conservation eas	ement is leasted		
4 5	Does the organization have a written policy regarding the per		f	
5	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ū		handling of violations, and emotoring of	noorvation cabements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year	
•	S		ation casements daming the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	0(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 footr	•		
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or 0	Other 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 95	8, not to report in its revenue statement	and balance sheet works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	furtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	therance 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 treater		ial gain, provide	
	the following amounts required to be reported under FASB A	-	N	
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020	
032051	12-01-20			

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Sche	Schedule D (Form 990) 2020 BELLEVUE YOUTH SYMPHONY ORCHESTRA 91-1630589 Page 2									
Par	t III Organizations Maintaining C	ollections of Art	, Historical	Freasures, o	r Othe	r Simila	r Assets	contir	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they furthe	r the organization	on's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical t	reasures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's	collection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organiz	ation answered	"Yes" or	n Form 990	), Part IV, I	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribut	ions or other as	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					. 1f				
2a	Did the organization include an amount on Fe					lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has be	en provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" or	Form 990, Par	t IV, line	10.				
		(a) Current year	(b) Prior yea	<b>(c)</b> Two yea	ars back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	224,993.	247,1	30. 23	233,647. 358,581. 328,775.					
b	C 250 700							799.		
с	Net investment earnings, gains, and losses		-22,1	37. 1	13,533. 28,841. 29,007.				,007.	
d										
е	Other expenditures for facilities									
	and programs					1	60,025.			
f	Administrative expenses									
g	End of year balance	224,993.	224,9	93. 24	7,180.	2	33,647.		358,	,581.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment	<b>,</b>	%	( )/						
b	Permanent endowment  100	%								
с		<u></u> ^								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are hel	d and administe	red for th	ne organiza	ation			
	by:	5				5		ſ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									L
Par	t VI Land, Buildings, and Equipm	<u>u</u>								
	Complete if the organization answere	d "Yes" on Form 990.	Part IV. line 11	a. See Form 990	). Part X.	line 10.				
	Description of property	(a) Cost or ot		ost or other		ccumulate	be	(d) Bool	< valu	ie.
		basis (investm	• •	sis (other)		preciation		(4) 200	( vaid	0
1a	Land			. ,						
b	Buildings									
	Leasehold improvements									
	Equipment			78,236.		74,4	36.		3.8	00.
	e Other									
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)									
1010		<u>yuai ruiii 990, Par 2</u>	<u>, социнні (В), Ш</u>				Schedule		-	
							Jonsuule		,	, 2020

(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.	•		
Complete if the organization answered "Yes"		(c) Method of valuation: Cost or e	nd of yoor morilat yolyo
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost or e	nd-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	
	) Description	The See Form 990, Part A, line 13.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			►
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes'		11e or 11f. See Form 990, Part X, line 2	25. (b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes' (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes' 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes' 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	

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#### BELLEVUE YOUTH SYMPHONY ORCHESTRA Schedule D (Form 990) 2020

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year 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 )		

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

Sche	dule D (Form 990) 2020 BELLEVUE YOUTH SYMPHONY	ORCHESTRA	91-1630589 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments		
С	Other losses		
d	,		
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
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		
b		4b	
	Add lines <b>4a</b> and <b>4b</b>		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>}_</u> )	
Pa	rt 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.
032054 12-01-20 Schedule D (Form 990) 2020

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NO PART OF THE FUND SHALL INURE TO THE BENEFIT OF ANY NON-CHARITABLE ORGANIZATION NOR INDIVIDUAL, AND NO PART OF THE ACTIVITIES OF THIS TRUST SHALL CONSIST OF ANY OF THE PROHIBITED ACTIVITIES AS SET FORTH IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954 AND ANY AMENDMENTS THERETO.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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
2020
Open to Public
Inspection

Employer identification number 91 - 1630589

FORM 990, PART VI, SECTION B, LINE 11B:

FINAL FORM 990 IS REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR, AND

BELLEVUE YOUTH SYMPHONY ORCHESTRA

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	3,125.
MANAGEMENT AND GENERAL EXPENSES	25,218.
FUNDRAISING EXPENSES	520.
TOTAL EXPENSES	28,863.

INTERIM ED:

PROGRAM SERVICE EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization BELLEVUE YOUTH SYMPHONY ORCHESTRA	Page 2 Employer identification number 91-1630589
MANAGEMENT AND GENERAL EXPENSES	45,050.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,050.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	73,913.
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