# EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A F</u>	or the	2019 calendar year, or tax year beginning ULL 1, 2019 and end	ding J	UN 30, 2020				
	heck if pplicable	C Name of organization		D Employer identifie	cation number			
Г	Addres	S ELGIN YOUTH SYMPHONY ORCHESTRA						
	Name change	Doing business as		36-44035				
	return Final return/	60 SOUTH GROVE AVE #2	om/suite	E Telephone number (847) 841-7700				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	628,554.			
	Amend return			H(a) Is this a group return				
	Application	F Name and address of principal officer: SAROSH SAHER		for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1 1	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527	If "No," attach a	list. (see instructions)			
		e: ► WWW.EYSO.ORG		H(c) Group exemptio				
KF	orm of	organization: X Corporation Trust Association Other >	L Year o		1 State of legal domicile: IL			
		Summary						
_	1	Briefly describe the organization's mission or most significant activities: CREATE	A C	OMMUNITY OF	YOUNG			
Activities & Governance	]	MUSICIANS, ENRICHING THEIR LIVES AND THE LI	VES	OF THEIR FA	MILIES,			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more t	than 25% of its net ass	sets.			
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	11			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
တ္	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	17			
Ίŧ	6	Total number of volunteers (estimate if necessary)		6	100			
Ċţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year	Current Year			
ø	8 (	Contributions and grants (Part VIII, line 1h)		263,513.	227,390.			
Revenue	9 1	Program service revenue (Part VIII, line 2g)		375,050.	340,765.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,006.	13,635.			
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,249.	42,348.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		684,818.	624,138.			
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		454,812.	454,774.			
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		2,668.	4,058.			
<del>p</del>	b.	Total fundraising expenses (Part IX, column (D), line 25)	•					
û	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		213,559.	203,617.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		671,039.	662,449.			
	19	Revenue less expenses. Subtract line 18 from line 12		13,779.	-38,311.			
O. O. S.			Beg	inning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		426,419.	486,156.			
Net Assets or	21	Total liabilities (Part X, line 26)		13,328.	114,100.			
		Net assets or fund balances. Subtract line 21 from line 20		413,091.	372,056.			
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and		· ·	knowledge and belief, it is			
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.				
		Cincolana et affica		Dete				
Sig	n	Signature of officer		Date				
Her	е	KARL E. LARSON, EXECUTIVE DIRECTOR						
		Type or print name and title	<u> </u>	ate Check	TI PTIN			
		Print/Type preparer's name Preparer's signature		L				
Paid	- 1	BETH ULBRICH BETH ULBRICH	ĮU.	5/07/21 self-employ				
-	1	Firm's name MUELLER & CO., LLP		Firm's EIN ▶	36-2658780			
Use	Only	Firm's address   1707 N RANDALL ROAD			47\ 000 0600			
_		ELGIN, IL 60123		Phone no. (8				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO CREATE A COMMUNITY OF YOUNG MUSICIANS, ENRICHING THEIR LIVES	
	THE LIVES OF THEIR FAMILIES, SCHOOLS, COMMUNITIES AND BEYOND, THE	ROUGH
	THE STUDY AND PERFORMANCE OF EXCELLENT MUSIC.	
	Did the experiention undertake any comificant presurem convices during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	1 es [21] NO
3		Yes X No
Ū	If "Yes," describe these changes on Schedule O.	103 [22]140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex-	xpenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$394,854. including grants of \$) (Revenue \$	<b>348,046.</b> )
	STUDENTS OF EYSO EXPLORE A COMPREHENSIVE CURRICULUM EACH SEASON	
	WHICH AIMS NOT ONLY TO HELP THESE STUDENTS DEVELOP ARTISTICALLY	
	TECHNICALLY, BUT ALSO TO PREPARE THEM FOR A FUTURE OF COMPLEX II	
	CREATIVE RISK-TAKING, AND LEADERSHIP AS GLOBAL CITIZENS REHEARSA	
	CENTER NOT ONLY AROUND GROWING AS PLAYERS AND COLLABORATORS, BUT	
	AS THOUGHTFUL COMMUNICATORS AND LEADERS IN THEIR SECTIONS, ENSEM	IBLES,
	SCHOOLS, AND COMMUNITIES.	
4b	(Code:) (Expenses \$	
		,
4c	(Code:) (Expenses \$	
-10	(Code) (Expenses #	
	Other program conjects (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$	1
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 394,854.	
		Form <b>990</b> (2019)

# Form 990 (2019) ELGIN 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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
_	Schedule D, Part III	8		
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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the Light of Object	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
J	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		X
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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>  ^</del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2019) ELGIN YOUTH SYMPHO
Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<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?	300		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	(2010)

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#### ELGIN YOUTH SYMPHONY ORCHESTRA 36-4403533 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a

Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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.

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

a Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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 Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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X

Х

X

9b

13a

14b

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10

11

Section 501(c)(7) organizations. Enter:

10a

Page 6 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			
Sec	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 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 O.						
b	Enter the number of voting members included on line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer director tructoe or key employee?	2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
Ū		3		Х			
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
		6		X			
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 21			
7a		7-		Х			
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v			
_	persons other than the governing body?	7b		<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х				
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.	• •					
	Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
-	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	SAROSH SAHER - 847-841-7700						
	60 S GROVE AVE STE 2, ELGIN, IL 60120						

Form **990** (2019)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

<b>(A)</b> Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	than of structures	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOEL COHEN	5.00	ļ						_	•	•
VICE PRESIDENT	F 00	Х		Х				0.	0.	0
(2) NOEL CHILDS	5.00	₹.							0	•
DIRECTOR (3) JUSTIN SMITHERMAN	5.00	X						0.	0.	0
DIRECTOR	3.00	X						0.	0.	0
(4) PETER VAN NORTWICK	5.00	- 22							0.	0
DIRECTOR	3.00	х						0.	0.	0
(5) SAROSH SAHER	5.00	<del></del>								
PRESIDENT	3100	Х		х				0.	0.	0
(6) WILLIAM NICHOLSON	5.00								-	
DIRECTOR		Х						0.	0.	0
(7) MATTHEW SHEPPARD	30.00									
ARTISTIC DIRECTOR		Х						55,000.	0.	0
(8) ALLISON WINSOR	5.00									
DIRECTOR		Х						0.	0.	0
(9) ED SNOBLE	5.00								_	_
SECRETARY		Х		Х				0.	0.	0
(10) MARY BROPHY	5.00	ļ								
DIRECTOR	F 00	Х						0.	0.	0
(11) DIANE STREDDE	5.00	٠,,							0	
DIRECTOR	F 00	X						0.	0.	0
(12) NEHA MEYERS DIRECTOR	5.00	X						0.	0.	0
(13) KARL E LARSON	40.00	Α						0.	0.	0
EXECUTIVE DIRECTOR	40.00	1		х				70,000.	0.	0
EXECUTIVE DIRECTOR				^				70,000.	0.	0
		1								
		1								
				L	L					

Form 990 (2019)

36-4403533

Section A. Officers, Directors, T		oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	——		
<b>(A)</b> Name and title	(B) Average	(C) Position (do not check more than one						<b>(D)</b> Reportable	<b>(E)</b> Reportable		<b>(F)</b> Estimat	ted
	hours per	box,	, unles	ss per	son i	s both	an	compensation	compensation	(	amount	t of
	week (list any		er an	a a a	recto	r/trust	iee)	from	from related		othe	
	hours for	directo				p		the organization	organizations (W-2/1099-MISC	- 1	mpens from th	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	(	′ I	rganiza	
	organizations below	al trus	onal tr		loyee	comp					and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizat	tions
	,	=	=	0	¥	Ξæ	4			+		
		$\vdash$								$+\!\!\!-$		
		-										
										+		
		Ш								+		
		-										
										+		
		1										
		Ш								4		
		-										
1b Subtotal								125,000.	(	).		0.
c Total from continuation sheets to Par								0.		).		0.
d Total (add lines 1b and 1c)							<u> </u>	125,000.	(	).		0.
2 Total number of individuals (including be	ut not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			•
compensation from the organization	<u> </u>										Yes	0   No
3 Did the organization list any former offi	oor director truct	00 k	.0.4.0	mol	0.40	o or	hia	host componented ampl	ovoc on		res	NO
line 1a? If "Yes," complete Schedule J f			•	•	•		•	·	•	3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$	3150,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	$\bot$	X
5 Did any person listed on line 1a receive												37
rendered to the organization? <i>If</i> "Yes," or Section B. Independent Contractors	complete Schedul	e J fo	or su	ıch r	oers	on .				5		X
1 Complete this table for your five highest	compensated inc	dene	nder	nt co	ntra	actor	s th	nat received more than \$	100.000 of compe	 nsation	from	
the organization. Report compensation												
(A)								(B)			(C)	
Name and busin	ess address	NC	ONE	3			4	Description of s	ervices	Comp	pensatio	on
							_					
							$\dashv$					
2 Total number of independent contractor	rs (including but n	ot lin	nited	l to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the org	anization >				C	)					665	
										Forr	ո <b>990</b>	(2019)

932008 01-20-20

Form 990 (2019) ELGIN Y
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
9		Fundraising events 1c					
fts,		Related organizations 1d					
ig ig		Government grants (contributions) 1e	95,050.				
ons,			<i>JJ</i> ,030.				
utio	T	All other contributions, gifts, grants, and	132,340.				
들 된			132,340.				
o d	_	Noncash contributions included in lines 1a-1f		227 200			
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f	<b>D</b>	227,390.			
		DD 0 GD 11/G	Business Code	004 170	004 170		
Se	2 a	PROGRAMS	711130	294,172.	294,172. 46,593.		
Program Service Revenue	b	PERFORMANCE REVENUES	711130	46,593.	46,593.		
S	С						
ar eve	d						
oga	е						
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>&gt;</b>	340,765.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		6,354.			6,354.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	10 560	(ii) Other				
		, <del>                                    </del>					
	D	Less: cost or other basis					
ığ		and sales expenses 7b 3,279.					
ther Revenue		Gain or (loss) 7, 281.		7 201	7 001		
æ		Net gain or (loss)	<u> </u>	7,281.	7,281.		
je i	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See	40 40-				
			43,485.				
	b	Less: direct expenses8b	1,137.				
		Net income or (loss) from fundraising events	<b>_</b>	42,348.			42,348.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	<b>•</b>				
$\dashv$		,,	Business Code				
snc	11 a	( <u> </u>					
Miscellaneous Revenue	b						
əlla	c						
Be		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		624 138	348,046.	0.	48,702.
	-			,	,	,	

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 55,000. 70,000. 125,000. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 299,826. 229,099. 16,769. 53,958. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 29,948. 17,519. 8,040. 4,389. 10 Payroll taxes Fees for services (nonemployees): Management 393. 393. Legal 37,610. 37,610. Accounting Lobbying 4,058. 4,058. Professional fundraising services. See Part IV, line 17 1,981. 1,981. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 12,146. 1,974. 10,172. column (A) amount, list line 11g expenses on Sch O.) 5,906. 6,459. 553. Advertising and promotion 12 41,356. 18,069. 22,478. 809. Office expenses 13 Information technology 14 15 Royalties 41,115. 2,278. 38,837. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 177. 177. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,555. 1,298. 257. Depreciation, depletion, and amortization 22 10,619. 10,619. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 22,377. 22,377. TUITION AND CAMP 15,222. BANK SERVICE CHARGES 5,121. 9,551. 550. 7,542. 3,642. 3,900. **MISCELLANEOUS** 2,765. 1,365. 1,400. d AWARDS 2,300. 2,300. e All other expenses 662,449. 394,854. 198,531. 69,064. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2019)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			128,086.	1	182,744.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		6,000.	3		
	4	Accounts receivable, net	1,786.	4	7,021.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			2,244.	9	1,836.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	36,307. 35,224.			
	b	Less: accumulated depreciation	2,407.	10c	1,083		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir	281,579.	12	289,386.		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,317. 426,419.	15 16	4,086 486,156
	16		Total assets. Add lines 1 through 15 (must equal line 33)				
	17	Accounts payable and accrued expenses			13,328.	17	114,100.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
iliti		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X			
	00			·····	13,328.	25	114,100.
	26	Total liabilities. Add lines 17 through 25	- I I- I		13,320.	26	114,100.
Ś		Organizations that follow FASB ASC 958, o	спеск пе	re ▶ △			
nce	0.7	and complete lines 27, 28, 32, and 33.			285,995.	07	25/ 130
alaı	27				127,096.	27	254,130. 117,926.
d B	28	Net assets with donor restrictions  Organizations that do not follow FASB AS		ank have N	121,090.	28	111,920.
-u			C 956, CII	eck nere			
o	20	and complete lines 29 through 33.	, do			20	
ets	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, o				29	
SS	30			Г		30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated Total net assets or fund balances			413,091.	32	372,056.
Ž	33	Total liabilities and net assets/fund balances			426,419.	33	486,156.
	J	Total liabilities and het assets/fund baldfices			400,41J•	JJ	Form <b>990</b> (2019

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Par	T 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			38.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>49.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			11.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	413,091.				
5	5 Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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	37	2,0	<u> 56.</u>		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			$\Box$	Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ELGIN YOUTH SYMPHONY ORCHESTRA

**Employer identification number** 

36-4403533 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
Ŭ	furnished by a governmental unit to									
	the organization without charge									
4	<b>Total.</b> Add lines 1 through 3									
5	The portion of total contributions									
3	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11, column (f)									
_	**									
	Public support. Subtract line 5 from line 4.						<u> </u>			
	•••	(-) 0045	(1-) 0040	(-) 0047	(4) 0040	(-) 0010	(6) T-1-1			
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
_	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)				
	organization, check this box and sto	here								
Sec	ction C. Computation of Publ	c Support Per	centage							
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>			
	Public support percentage from 2018					15	<u>%</u>			
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□			
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a ¡	oublicly supported	organization		▶□			
b	10% -facts-and-circumstances test	_			-					
	more, and if the organization meets the	-								
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization			•			s <b>&gt;</b>			
			,,	, , ,, 11 ~		dule A (Form 990				

# 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	265,177.	475,685.	418,109.	263,513.	227,390.	1649874.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	350,965.	398,715.	390,591.	375,050.	340,765.	1856086.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	616,142.	874,400.	808,700.	638,563.	568,155.	3505960.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8 Se	Public support. (Subtract line 7c from line 6.)						3505960.
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6	616,142.	874,400.	808,700.	638,563.	568,155.	3505960.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,475.	3,996.	4,716.	5,988.	6,354.	27,529.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	6,475.	3,996.	4,716.	5,988.	6,354.	27,529.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,835.	8,104.	7,708.			18,647.
13	Total support. (Add lines 9, 10c, 11, and 12.)	625,452.	886,500.	843,863.	644,551.	574,509.	3574875.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
0 -		- Cummont Don					<b>&gt;</b>
	ction C. Computation of Publi						00 07
	Public support percentage for 2019 (li	, (,,	,	olumn (f))		15	98.07 %
_	Public support percentage from 2018					16	97 <b>.</b> 96 %
	ction D. Computation of Inves			40 1 (0)		4-1	.77 %
	Investment income percentage for 20					17	
	Investment income percentage from 2					18	
198	33 1/3% support tests - 2019. If the						▶ ▼
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						<b>.</b>
20	Drivate foundation If the organization	n did not check a l	nov on line 1/1 10r	or 10h chack thi	ie hav and eac incl	ructions	

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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.	3		
Sec	tion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
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.				
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.		
Sect	on 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	on 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 <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see	
	instructions).	-	· ·		

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ELGIN YOUTH SYMPHONY ORCHESTRA

**Employer identification number** 36-4403533

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	writing that the assets held in donor advised	d 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	advisors in writing that grant funds can be us	sed only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring					
	impermissible private benefit? Yes No							
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area					
	Protection of natural habitat	Preservation of a	certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Number of conservation easements on a certified historic str							
d	Number of conservation easements included in (c) acquired a		I I					
	listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax					
	year ▶							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements in							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year					
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year					
•			(4)(D)(:)					
8	Does each conservation easement reported on line 2(d) above							
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati							
9	balance sheet, and include, if applicable, the text of the footr	·						
	organization's accounting for conservation easements.	note to the organization's imancial statement	its that describes the					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.					
	Complete if the organization answered "Yes" on Form							
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works					
	of art, historical treasures, or other similar assets held for pul	•						
	service, provide in Part XIII the text of the footnote to its final	·	•					
b	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items:	,	,					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019					

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

_			NY ORCHES				403533	
Pai	t III   Organizations Maintaining Col						,	ued)
3	Using the organization's acquisition, accession	, and other records	, check any of the f	ollowing that ma	ke signif	icant use of it	S	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain	how they further th	e organization's	exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or r		•	•		_		
_	to be sold to raise funds rather than to be main						Yes	No
Pai	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "Yes	" on For	m 990, Part I\	/, line 9, or	
	reported an amount on Form 990, Part	K, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contributions	s or other assets	not incl	uded		
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing table:					
							Amount	<u> </u>
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form	m 990, Part X, line 2	21, for escrow or cu	stodial account	liability?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII. C							
Pai	TV Endowment Funds. Complete if t	he organization ans	swered "Yes" on Fo	rm 990, Part IV, I	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba		Three years bac	k (e) Four	years back
1a	Beginning of year balance	93,111.	39,262.	30,99		19,381	••	
b	Contributions		50,000.	5,15		7,497		19,380.
С	Net investment earnings, gains, and losses	2,983.	3,849.	3,11	19.	4,115	5.	1.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	8,722.						
f	Administrative expenses							
g	End of year balance	87,372.	93,111.	39,26	52.	30,993	3.	19,381.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 82.00	%						
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3а	Are there endowment funds not in the possess	ion of the organizat	tion that are held ar	nd administered f	or the o	rganization	_	
	by:							Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the or		vment funds.					
Pai	t VI Land, Buildings, and Equipme	nt.						
	Complete if the organization answered	Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line	10.		
	Description of property	(a) Cost or ot	` '			mulated	(d) Book	value
		basis (investm	ent) basis	(other)	depred	ciation		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			2,378.		2,007.		371.
е	Other		2	3,929.	2	3,217.		712.

Schedule D (Form 990) 2019

1,083.

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

Schedule D (Form 990) 2019 ELGIN YOUTH	SYMPHONY ORCH	ESTRA	36-4403533 <sub>Page</sub>
Part VII Investments - Other Securities.			. age
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS-UNRESTRICTED	197,301.	COST	
(B) INVESTMENTS-RESTRICTED	55,253.	COST	
(C) INVESTMENTS-ENDOWMENT	36,832.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	289,386.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Par	t X, line 13.
(a) Description of investment	(b) Book value		ation: Cost or end-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" of	on Form 990, Part IV, line 1	1d. See Form 990, Par	rt X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		<b>&gt;</b>
Complete if the organization answered "Yes"	on Form 990, Part IV. line 1	1e or 11f. See Form 99	90, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(5) (6) (7) (8)

IN YOUTH SYMPHONY ORCHESTRA 36-4403533	Page	4
--	------	---

Pai	Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		I . I	007 205
1				1	827,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	0 704		
а			$\frac{-2,724.}{206,825.}$		
b			206,825.		
С	,		4 4 2 5		
d		2d	1,137.		005 000
е	Add lines 2a through 2d			2e	205,238.
3	Subtract line 2e from line 1			3	622,157.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	4 004		
а			1,981.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	1,981. 624,138.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	)	·····	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	868,430.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	206,825.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,137.		
е	Add lines 2a through 2d			2e	207,962.
3	Subtract line 2e from line 1			3	660,468.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,981.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	1,981.
5		8.)		5	662,449.
Pa	rt XIII Supplemental Information.	•			
Prov	ide 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,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional inform	nation.		
ΣΔΙ	PUT TIME 4.				

PRINCIPAL ON THE ENDOWMENT CAN ONLY BE DISBURSED UPON FINANCE AND EXECUTIVE COMMITTEE APPROVAL AND ONLY AFTER PERMISSION FROM THE DONORS. THE EARNINGS ON THE ACCOUNT CAN BE DISBURSED AND USED BY THE SYMPHONY WITHOUT APPROVAL.

#### PART X, LINE 2:

THE ORCHESTRA IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORCHESTRA HAS ADOPTED THE PROVISION OF ASC TOPIC 740, INCOME TAXES, RELATING TO THE

29

Part XIII   Supplemental Information (continued)
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORCHESTRA FILES AN ANNUAL
EXEMPT ORGANIZATION INFORMATION RETURN IN THE US FEDERAL JURISDICTION AND
ILLINOIS STATE JURISDICTION. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX
POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the	organizatio	٦r

ELGIN YOUTH SYMPHONY ORCHESTRA

Employer identification number

36-4403533

wered "Yes" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
tation of non-g tation of gover ial fundraising al (including or professional f	government grants rnment grants events fficers, directors, trus fundraising services?	Yes	
(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Yes No			
t contributions	s or has been notified	it is exempt from re	gistration
	ring activities. tation of non-g tation of gove tation of gove al fundraising al (including o professional f suant to agree  (iii) Did fundraiser have custody or control of contributions?  Yes No	ring activities. Check all that apply. tation of non-government grants tation of government grants all fundraising events all (including officers, directors, trust professional fundraising services? suant to agreements under which the fundraiser have custody or control of contributions?  Yes No  It contributions or has been notified.	tation of non-government grants tation of government grants al fundraising events  al (including officers, directors, trustees, or professional fundraising services?

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		of fundraising event contributions and gro	•	,	, , ,	• •			
			(a) Event #1	(b) Event #2 CONCERT	(c) Other events	(d) Total events (add col. (a) through			
				PROGRAM	(total number)	col. <b>(c)</b> )			
ne			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	35,785.	6,455.	1,245.	43,485.			
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)	35,785.	6,455.	1,245.	43,485.			
	4	Cash prizes							
"	5	Noncash prizes							
xpenses	6	Rent/facility costs	1,137.			1,137.			
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			<b>&gt;</b>	1,137. 42,348.			
Da	ırt I		42,348.						
1 6		<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Forn	1990, Part IV, line 19, or r	eported more than				
		+·-,	(-) Diam-	(b) Pull tabs/instant	(a) Other mention	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
eve!									
	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		<b></b>				
		,	., (3)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _						
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No			
b	lf "	No," explain:							
	_								
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								
	_								

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Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 ELGIN YOUTH SYMPHONY ORCHESTRA 36-	4403533	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		100	07
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\sum_{\text{\tinc{\tint{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\texit{\texi{\texi{\texi{\texi{\texi{\tex{\texi{\texi{\texi\tin{\texict{\tinc{\tin}\texict{\texi{\te		
,	e If "Yes," enter name and address of the third party:		
,	Tes, entername and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•		Yes	☐ No
	retain the state gaming license?	res	
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990 or 990-EZ)	ELGIN	YOUTH	SYMPHONY	ORCHESTRA	36-4403533	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	mation <sub>(co.</sub>	ntinued)				
		•	,				
-							
-							
-							

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection **Employer identification number** 

	ELGIN YOUTH S	SYMPHO:	NY ORCHEST	rra	36-4	403533	3
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
••	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
10							
14	Historic structures  Qualified conservation contribution - Other						
	Real estate - Residential						
15							
16 17	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			006 005			
25	Other (FACILITY USE)	X	1	206,825.	F.W.A		
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	_	•				
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	gement 29			
						Yes	No No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?					30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932142 09-27-19

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ELGIN YOUTH SYMPHONY ORCHESTRA

Employer identification number 36-4403533

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOOLS, COMMUNITIES, AND BEYOND, THROUGH THE STUDY AND PERFORMANCE OF

EXCELLENT MUSIC.

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

A DRAFT COPY OF THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR, CHAIRMAN

AND/OR TREASURER PRIOR TO FILING. THE DRAFT IS REVIEWED AND APPROVED BY

THIS INDIVIDUAL. THE APPROVAL IS THEN COMMUNICATED TO THE OUTSIDE

ACCOUNTANTS, WHO PREPARE THE FINAL FILING COPY.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND MANAGEMENT SIGN THE CONFLICT OR INTEREST POLICY AT DATE

OF HIRE OR WHEN APPOINTED. THE CONFLICT OF INTEREST POLICY IS RESIGNED

WHEN ADJUSTMENTS TO THE POLICY HAVE BEEN MADE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SHALL APOINT AN EXECUTIVE DIRECTOR. THE EXECUTIVE

DIRECTOR SHALL RECEIVE COMPENSATION TO BE FIXED ANNUALLY BY THE BOARD OF

DIRECTORS, AND SHALL IMPLEMENT ANY BUSINESS OF THE EYSO, AND SHALL ASSUME

ANY OTHER DUTIES DESIGNATED BY THE PRESIDENT AND BOARD OF DIRECTORS. THE

MUSIC DIRECTOR SHALL BE COMPENSATED FOR SERVICES AS AGREED TO BY THE BOARD

OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST IN ACCORDANCE

WITH APPLICABLE LAW.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19