# EXTENDED TO MAY 16, 2022

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. TIIN 30

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning $$ JUL $1,$ $2020$ and endir	ng Jl	UN 30, 2021							
<b>B</b> c	heck if pplicable:	C Name of organization		D Employer identific	cation number						
	Address	ELGIN YOUTH SYMPHONY ORCHESTRA									
	Name change	Doing business as		36-44035	33						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  Room  6 0 SOUTH GROVE AVE #2	n/suite	E Telephone number (847) 843							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	885,043.						
	Amende return			H(a) Is this a group re							
	Application	F Name and address of principal officer: BANOSH BANEK			? Yes X No						
	pending	SAME AS C ABOVE		H(b) Are all subordinates in							
1 7	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions						
		e:▶ WWW.EYSO.ORG		H(c) Group exemption	n number 🕨						
K F			<b>L</b> Year o	of formation: 2000 N	1 State of legal domicile: IL						
Pa		Summary									
ø.		Briefly describe the organization's mission or most significant activities: CREATE									
Activities & Governance	-	MUSICIANS, ENRICHING THEIR LIVES AND THE LIV									
rne	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of	f more t	1 1							
ŏ		Number of voting members of the governing body (Part VI, line 1a)			11						
ص ھ		Number of independent voting members of the governing body (Part VI, line 1b)			11						
es		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			16						
ĬΣ	6 T	otal number of volunteers (estimate if necessary)		6	100						
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
_	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····								
	, ,	Death the times and seconds (Death VIII From the)		Prior Year 227,390.	Current Year 441,460.						
ne	l	Contributions and grants (Part VIII, line 1h)		340,765.	259,228.						
ven		Program service revenue (Part VIII, line 2g)		13,635.	39,519.						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		42,348.	11,209.						
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		624,138.	751,416.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		454,774.	405,509.						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		4,058.	0.						
ben	b T	Total fundraising expenses (Part IX, column (D), line 25) 72,972.		-,							
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		203,617.	235,994.						
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		662,449.	641,503.						
	19 F	Revenue less expenses. Subtract line 18 from line 12		-38,311.	109,913.						
Net Assets or			Beg	inning of Current Year	End of Year						
sets	<b>20</b> T	otal assets (Part X, line 16)		486,156.	696,039.						
L Ass	<b>21</b> T	otal liabilities (Part X, line 26)		114,100.	184,898.						
		let assets or fund balances. Subtract line 21 from line 20		372,056.	511,141.						
	ırt II	Signature Block									
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and s			knowledge and belief, it is						
true,	correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer h	nas any knowledge.							
		Signature of officer		 Date							
Sig		,		Date							
Her	e	KARL E. LARSON, EXECUTIVE DIRECTOR  Type or print name and title									
		,	I n	ate Check	PTIN						
Do:4		Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature		:r   L							
Paid Prep		ELEANOR A. LIVINGSTON, CP ELEANOR A. LIVINGSTO 05/12/22 self-employed P00161547  Firm's name ► MUELLER & CO., LLP Firm's EIN ► 36-2658780									
		Firm's address \ \ \ \ 1707 N RANDALL ROAD		FIIIII S EIN	30 4030/00						
036	Jiiiy	ELGIN, IL 60123		Phone no ( 8	47) 888-8600						
Mav	the IR	S discuss this return with the preparer shown above? See instructions		I i none no. ( O	X Yes No						

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO CREATE A COMMUNITY OF YOUNG MUSICIANS, ENRICHING THEIR LIVES A	
	THE LIVES OF THEIR FAMILIES, SCHOOLS, COMMUNITIES AND BEYOND, THE	ROUGH
	THE STUDY AND PERFORMANCE OF EXCELLENT MUSIC.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	5 7 7 5	Yes _A_No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	20200
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
	revenue, if any, for each program service reported.	riscs, and
4a		259,228.)
	STUDENTS OF EYSO EXPLORE A COMPREHENSIVE CURRICULUM EACH SEASON -	
	WHICH AIMS NOT ONLY TO HELP THESE STUDENTS DEVELOP ARTISTICALLY A	
	TECHNICALLY, BUT ALSO TO PREPARE THEM FOR A FUTURE OF COMPLEX IDE	EAS,
	CREATIVE RISK-TAKING, AND LEADERSHIP AS GLOBAL CITIZENS. REHEARS	
	CENTER NOT ONLY AROUND GROWING AS PLAYERS AND COLLABORATORS, BUT	
	AS THOUGHTFUL COMMUNICATORS AND LEADERS IN THEIR SECTIONS, ENSEMB	BLES,
	SCHOOLS, AND COMMUNITIES.	
	<del></del>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	)
4e	Total program service expenses ► 372,126.	
		Form <b>990</b> (2020)

Form 990 (2020) 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	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>	<b>-</b>		
0	, ,	8		x
•	Schedule D, Part III	<b>├°</b>		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا	v	
	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		X
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	X	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<i>''</i>		<u></u>
13		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V 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	1a	59				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х		

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#### Form 990 (2020) 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, 16 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? X 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 Х 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? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 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 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2020)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such 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	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	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	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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							
	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		х						
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))	onlv)	availa	ble						
. =	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	finan	cial							
.5	statements available to the public during the tax year.	αι ι	-141							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
_0	SAROSH SAHER - 847-841-7700									
	60 S GROVE AVE STE 2, ELGIN, IL 60120									

Form **990** (2020)

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# 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.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per id a di	more rson i	than s bot	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> 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) KARL E LARSON EXECUTIVE DIRECTOR	40.00	-		Х				70,000.	0.	0.
(2) MATTHEW SHEPPARD	30.00		$\vdash$	Δ				70,000.	0.	0.
ARTISTIC DIRECTOR	30.00	1		х				59,063.	0.	0.
(3) JOEL COHEN	5.00			25				33,003.	•	•
VICE PRESIDENT		х		х				0.	0.	0.
(4) NOEL CHILDS	5.00	1								
DIRECTOR		х						0.	0.	0.
(5) THOMAS DUNCAN	5.00									
DIRECTOR		Х						0.	0.	0.
(6) PETER VAN NORTWICK	5.00									
DIRECTOR		Х						0.	0.	0.
(7) SAROSH SAHER	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) WILLIAM NICHOLSON	5.00									
DIRECTOR		Х						0.	0.	0.
(9) ALLISON WINSOR	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) EDWARD SNOBLE	5.00									
SECRETARY		Х		Х				0.	0.	0.
(11) MARY BROPHY	5.00								•	•
DIRECTOR	F 00	Х						0.	0.	0.
(12) DIANE STREDDE	5.00	Х						_	0.	•
DIRECTOR (13) NEHA MEYERS	5.00	Δ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
DIRECTOR		Δ						0.	0.	0.
		1								
	+		$\vdash$		_	$\vdash$	-			
		1								
		1								
		1								
032007 12-23-20							•	•		Form <b>990</b> (2020)

36-4403533

Section A. Officers, Directors	s, Trustees, Key Emp	noyees	s, an	u ni	gnes	i C	ompensated Employee	s (continuea)			
(A) Name and title	(B) Average hours per week	(do not box, unl	Pos check ess pe	erson i	than d	an	(D) Reportable compensation	(E) Reportable compensation		(F) stimate nount	
	(list any hours for related organizations below line)	tee or director		ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fr org an	other opensation opensation dependent anization	e ion ed
			$\dagger$						+		
			t						<del>                                     </del>		
									<del>                                     </del>		
1b Subtotal						<u> </u>	129,063.	0.			0.
c Total from continuation sheets to d Total (add lines 1b and 1c)						<u>▶</u>	129,063.	0.			0.
2 Total number of individuals (including compensation from the organization	~ .	ose list	ed a	bove	e) wh	o re	eceived more than \$100,	000 of reportable			0
<ul><li>3 Did the organization list any former</li></ul>	officer, director, truste	ee, key	emp	loye	e, or	hig	hest compensated empl	oyee on		Yes	No
line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is									3		Х
and related organizations greater tha  5 Did any person listed on line 1a rece	an \$150,000? If "Yes,	" comp	lete	Sche	edule	J f	or such individual		4		Х
rendered to the organization? If "Yes  Section B. Independent Contractors									5		Х
Complete this table for your five high									ation fro	om	
	(A) usiness address	NON		VILIT C	or wii	LIIII	(B)  Description of s		( <b>(</b> Compe		
	3011000 add1000	NON	ند				- Boomption of o	or vices		- Tourion	•
2 Total number of independent contra	,	 ot limite	ed to		_	ted	above) who received mo	ore than			
\$100,000 of compensation from the	organization >				)				Form	990 (2	2020)

Form 990 (2020) ELGIN Y
Part VIII Statement of Revenue

Total revenue	_			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
Table   Tabl									
1 a Federated campaigns   1 b   Membership dues   10 b   10 c						Total revenue			
1 a   Federated campaigns   1a   b   b   Membership dues   1b							function revenue	business revenue	
b		_							000110110 0 12 0 1 1
2 a   PROGRAMS   T11130   257,378	nts	1 :							
2 a   PROGRAMS   T11130   257,378	s, Gran								
2 a   PROGRAMS   T11130   257,378	s, ( Am			•					
2 a   PROGRAMS   T11130   257,378	Sift lar		d	Related organizations 1d					
2 a   PROGRAMS   T11130   257,378	s, ( imi		е	Government grants (contributions) 1e	33,380.				
2 a   PROGRAMS   T11130   257,378	ion r S	1	f	All other contributions, gifts, grants, and					
2 a   PROGRAMS   T11130   257,378	but			similar amounts not included above <b>1f</b>	408,080.				
2 a   PROGRAMS   T11130   257,378	i i		g	Noncash contributions included in lines 1a-1f					
2 a   PROGRAMS   T11130   257,378	Sor		h		<b>•</b>	441,460.			
2 a PROGRAMS PERFORMANCE REVENUES    1					Business Code	,			
Description	•	2	2	PROGRAMS		257 378.	257 378.		
Total. Add lines 2a-2f	/ice								
Total. Add lines 2a-2f	er, ue	'			711150	1,050.	1,050.		
Total. Add lines 2a-2f	n S	'							
Total. Add lines 2a-2f	ıraı Rev	'							
Total. Add lines 2a-2f	roç	,							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross rents 6 b Less: rental expenses (conditions) 7 a Gross amount from sales of assets other than inventory 9 b Less: cost or other bals and sales expenses (conditions) 7 a Gross amount from sales of assets other than inventory 9 b Less: cost or other bals and sales expenses (conditions) 9 a Gross income from fundraising events (not including \$	Ф					050 000			
other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  7 b L 33, 551.  4 Net gain or (loss)  7 c Gain or (loss)  7 b Less: direct expenses  8 b 0.  c Net income or (loss) from fundraising events  9 a Gross income from fundraising events  10 Securities  7 b L 33, 551.  33			g			259,228.			
1		3							
Securities   Sec						5,968.			5,968.
1		4		Income from investment of tax-exempt bond p	roceeds				
6 a Gross rents b Less: rental expenses c Rental income or (loss) 6 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 133,627. 7 c 33,551.  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 9 a Gross income from gaming activities c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code		5			<b></b>				
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (loss) d Ne				(i) Real	(ii) Personal				
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (loss) d Ne		6	а	Gross rents 6a					
The state of the s									
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses									
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses					<b>•</b>				
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$					(ii) Other				
b Less: cost or other basis and sales expenses c Gain or (loss) 75 133,627.  c Gain or (loss) 75 33,551.  d Net gain or (loss) 5 33,551.  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses		•	<b>u</b>		( )				
and sales expenses			h	-					
c Gain or (loss)	ø.	'	D						
including \$	ņ			75 23 551					
including \$	eve					22 EE1			22 EE1
including \$	ŗŖ					33,331.			33,331.
contributions reported on line 1c). See Part IV, line 18 Ba 11,209.  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  Business Code		8	а						
Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  part IV, line 19  a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  Business Code	Ö								
b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a  11 a  5				•	11 000				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  11 a b c d All other revenue									
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code    Business Code			b	Less: direct expenses 8b	0.				
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code    Da   Da   Da			С	Net income or (loss) from fundraising events	<b></b>	11,209.			11,209.
b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  All other revenue		9	а	Gross income from gaming activities. See					
b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  All other revenue				Part IV, line 199a					
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  All other revenue			b						
10 a Gross sales of inventory, less returns and allowances									
and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code b All other revenue									
b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a Business Code  Business Code  d All other revenue				• • • • • • • • • • • • • • • • • • • •					
C Net income or (loss) from sales of inventory  Business Code  C d All other revenue			h						
Business Code    C					•				
11 a b c c d All other revenue			_	The meeting of (1999) from calce of inventory					
Mascelland Part Add lines 11s 11d	ns	11	2						
d All other revenue	ned								
d All other revenue	la Ver								
Z Total Add lines 11s 11d	Sce								
	Σ			Total. Add lines 11a-11d					
			<u>.</u>			751.416.	259.228.	0 -	50,728.

#### 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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 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, 59,063. 70,000. 129,063. 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) 244,522. 158,772. 30,750. 55,000. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,217. 31,924. 19,577. 4,130. 10 Payroll taxes Fees for services (nonemployees): Management Legal 33,349. 33,349. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,568. 2,568. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 55,964. 55,964. column (A) amount, list line 11g expenses on Sch O.) 460. 460. Advertising and promotion 12 56,425. 11,604. 37,728. 7,093. Office expenses 13 Information technology 14 15 Royalties 37,309. 38,945. 1,636. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 392. 392. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,235. 1,235. 22 Depreciation, depletion, and amortization 10,835. 10,835. 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.) 20,989. 20,989. TUITION AND CAMP **MISCELLANEOUS** 14,832. 7.613. 470. 6,749. С d All other expenses 641,503. 372,126. 196,405. 72,972. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

Check if Schedule O contains a response or	note to any line	e in this Part X	(A)		
			/A)	1	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash - non-interest-bearing			182,744.	1	327,805
Savings and temporary cash investments				2	
Pledges and grants receivable, net			3	6,150	
Accounts receivable, net	7,021.	4	4,335		
Loans and other receivables from any current					
trustee, key employee, creator or founder, su	bstantial contr	ibutor, or 35%			
controlled entity or family member of any of t	hese persons			5	
Loans and other receivables from other disqu	alified persons	s (as defined			
under section 4958(f)(1)), and persons describ	oed in section	4958(c)(3)(B)		6	
Notes and loans receivable, net				7	
Inventories for sale or use				8	
Prepaid expenses and deferred charges			1,836.	9	0
Land, buildings, and equipment: cost or othe					
basis. Complete Part VI of Schedule D		36,307.			
Less: accumulated depreciation		36,225.	1,083.	10c	82
Investments - publicly traded securities			289,386.	11	353,815
Investments - other securities. See Part IV, lin			12		
Investments - program-related. See Part IV, lin				13	
Intangible assets	4 006	14			
Other assets. See Part IV, line 11			4,086.	15	3,852
Total assets. Add lines 1 through 15 (must e			486,156.	16	696,039
Accounts payable and accrued expenses			114,100.	17	184,898
Grants payable		18			
Deferred revenue		19			
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Comple				21	
Loans and other payables to any current or fo					
trustee, key employee, creator or founder, su					
controlled entity or family member of any of t	=			22	
Secured mortgages and notes payable to uni	-			23	
Unsecured notes and loans payable to unrela				24	
Other liabilities (including federal income tax,					
parties, and other liabilities not included on lin	•			0.5	
of Schedule D			114,100.	25 26	184,898
Total liabilities. Add lines 17 through 25			114,100.	26	104,000
	lieck liefe				
•			254 130.	27	359,948
			151,193		
			11//3201	20	131/133
	) 550, CHECK I				
	ds			29	
			372.056.		511,141
					696,039
a N C a C P R	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC and complete lines 29 through 33.  Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated Total net assets or fund balances	Ind complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check I and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment further assets or fund balances	Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  372,056.	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Draganizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  254,130 ⋅ 27  117,926 ⋅ 28  29  20  21  23  24  25  27  27  28  29  29  20  20  21  21  22  23  24  25  26  27  28  29  20  20  20  20  20  20  20  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

			6-4403533										
Par	t I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	rgani	zation is not a private found											
1 [	Ĭ	A church, convention of chi	•		•	•	I)(A)(i).						
2		A school described in <b>sect</b> i	*				Α Α /						
3		A hospital or a cooperative		•			ii).						
4	Ħ	A medical research organization					•	(iii). Enter	the hospital's name.				
		city, and state:	i	,				(/-	,				
5 [		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C		,		, ,							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)						
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
• -		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.)											
8 [		A community trust describe		(1)(Δ)(vi) (Complete Par	+ II )								
9	$\exists$	An agricultural research org			•	ed in coni	inction with a	land-arant	college				
0 [		or university or a non-land-g				-		-	-				
		university:	jrant conege or agnor	artare (500 morraonom).	Littor tilo i	namo, ony	, and state or	ine conege	, 01				
10	X	An organization that norma	Ily receives (1) more:	than 33 1/3% of its supp	ort from c	ontribution	ns membershi	n fees, and	d aross receipts from				
		activities related to its exem											
		income and unrelated busin		•				• •	· ·				
		See section 509(a)(2). (Con		(1000 000 tion on a taxy in a	in baoine	occ doqui	iod by the org	arnzation c	artor dario do, roro.				
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).						
12		An organization organized a	· ·	•	•			rv out the	purposes of one or				
		more publicly supported or	· ·	•	-			•					
		lines 12a through 12d that	•										
а		Type I. A supporting orga	* *					-	aivina				
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-							
		organization. You must o			,, -				9				
b		Type II. A supporting org	-		tion with its	s supporte	ed organization	n(s), by hav	vina				
		control or management o	="				-		-				
		organization(s). You mus						,					
С		Type III functionally inte			in connect	tion with, a	and functionall	y integrate	ed with,				
		its supported organization	-					, 0	•				
d		Type III non-functionally		·				ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	an attentiv	/eness				
		requirement (see instructi	-	•	-		•						
е		Check this box if the orga	•					I, Type III					
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,						
f	Ente	r the number of supported o	organizations										
g	Prov	ride the following information	about the supporte	d organization(s).									
	<b>(</b> i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Total							I		l				

# 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	•			•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2020 (	line 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. 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 organizatior	ı			▶□
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	t - <b>2019.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>
_					Sobo	dula A (Farm 000	or 990-F7) 2020

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	'	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	475,685.	418,109.	263,513.	227,390.	441,460.	1826157.
	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	398,715.	390,591.			259,228.	
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	874,400.	808,700.	638,563.	568,155.	700,688.	3590506.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						3590506.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	874,400.	808,700.	638,563.	568,155.	700,688.	3590506.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,996.	4,716.	5,988.	6,354.	5,968.	27,022.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	3,996.	4,716.	5,988.	6,354.	5,968. 5,021.	27,022.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,104.	7,708.			3,0210	15,812.
13	Total support. (Add lines 9, 10c, 11, and 12.)	886,500.	843,863.	644,551.	574,509.	711,677.	3661100.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	98.07 %
	Public support percentage from 2019					16	98.07 %
	ction D. Computation of Inves						
	Investment income percentage for 20					17	.74 %
	Investment income percentage from 2					18	.77 %
19a	33 1/3% support tests - 2020. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
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4b		
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9a		
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9b		
9с		
_		
40-		
10a		
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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		i
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		i
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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	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 instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete S	Sections A through E.	
Secti	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		
Secti	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

# Schedule B

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

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

**Employer identification number** 

36-4403533

ELGIN YOUTH SYMPHONY ORCHESTRA Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

# ELGIN YOUTH SYMPHONY ORCHESTRA

36-4403533

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EFS FOUNDATION  1695 LARKIN AVE.  ELGIN, IL 60123	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GRAND VICTORIA FOUNDATION  230 W MONROE ST., SUITE 2530  CHICAGO, IL 60606	\$35,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ILLINOIS ARTS COUNCIL  100 W RANDOLPH STREET, ST #10  CHICAGO, IL 60601	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NU.	Name, address, and ZiF + 4	\$	Person Payroll Moncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# ELGIN YOUTH SYMPHONY ORCHESTRA

36-4403533

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** ELGIN YOUTH SYMPHONY ORCHESTRA 36-4403533 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ELGIN YOUTH SYMPHONY ORCHESTRA

**Employer identification number** 36-4403533

Pai			ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised fur	nds	(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 w	riting that the assets held in	donor advised fund	 ds
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Pre	eservation of a histo	orically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution	in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	· ·		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year▶	,		•
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, I	handling of	
	violations, and enforcement of the conservation easements it I	holds?	· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforci	ng conservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's finar	ncial statements tha	at describes the
	organization's accounting for conservation easements.	-		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasu	res, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or re	esearch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describe	s these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue stat	tement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or rese	earch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(m) A			<b>L</b> A
2	If the organization received or held works of art, historical treas	sures, or other similar assets	s for financial gain, ¡	
	the following amounts required to be reported under FASB AS	SC 958 relating to these item	s:	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

e Other

12,378.

23,929.

d Equipment

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

12,296.

23,929.

	SYMPHONY ORC	HESTRA	36-4403533 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13	<b>}</b> .
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(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	11d See Form 990 Part X line 15	5
	Description		(b) Book value
			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line	15)		
Part X Other Liabilities.	<i>13.)</i>		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X	line 25
1. (a) Description of liability	orri orri 550, r art rv, iiric	THE OF THE GEOT OF THE USE, THE TAX	(b) Book value
			(2, 2001, 12, 20
(4)			
(5) (c)			
(6)			

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) 2020

(8) (9)

chedule D	(Form 990) 2020	ELGIN	HTOOY	SYMPHONY	ORCHESTRA	36-4403533
art XI	Reconciliation	of Revenue	per Audi	ited Financial	Statements With	Revenue per Return.

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements with i	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	989,611.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	29,172.		
b	Donated services and use of facilities	2b	211,591.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	6,188.		
е	Add lines 2a through 2d			2e	246,951.
3	Subtract line 2e from line 1			3	742,660.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,568.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	2,568.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	745,228.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per P	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	850,526.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	211,591.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,188.		
е	Add lines 2a through 2d			2e	217,779.
3	Subtract line 2e from line 1			3	632,747.
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	2,568.		
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	2,568.
_					635.315.

Part XIII Supplemental Information.

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

#### PART V, LINE 4:

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

Schedule D (Form 990) 2020

#### **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

2020

Open to Public Inspection

Name of the	e organization					Employer identification number
	ELGIN	YOUTH	SYMPHONY	ORCHESTRA		36-4403533
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not						
	required to complete this					

required to complete this part	ι.			,		
1 Indicate whether the organization rais	ed funds through any of the following	g activ	ities. (	Check all that apply.		
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants		
<b>b</b> Internet and email solicitations	f Solicitat	tion of	gover	nment grants		
c Phone solicitations	g Special	fundra	ising e	events		
d In-person solicitations	· .		Ū			
2 a Did the organization have a written o	or oral agreement with any individual	(includ	lina of	ficers directors trus	tees or	
key employees listed in Form 990, Pa					Yes	No
<b>b</b> If "Yes," list the 10 highest paid indiv						
		ant to	agreer	nents under which ti	ie iuliulaisel is to be	•
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	( 1) A a
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(, ,,	have con or con contribu	trol of	from activity	fundraiser listed in col. (i)	organization
					110100111110011 (1)	
		Yes	No			
Total  3 List all states in which the organization	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	l distration
or licensing.						
					,	

032081 11-25-20

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Schedule G (Form 990 or 990-EZ) 2020

		of fundraising event contributions and gr			(c) Other events	1
			(a) Event #1	<b>(b)</b> Event #2	NONE	(d) Total events (add col. (a) through
			SPRINGBOARD	, , , , ,		col. <b>(c)</b> )
ě			(event type)	(event type)	(total number)	
Revenue		Cross respire	8,246.			8,246.
Вè	1	Gross receipts	0,240.			0,240.
	2	Less: Contributions				
	_	2000. OUTHINGUIOTIO				
	3	Gross income (line 1 minus line 2)	8,246.			8,246.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses		Double of the contract				
çper	6	Rent/facility costs				
Ω̈́	7	Food and beverages				
irec	′	rood and beverages				
	8	Entertainment				
	9	Other direct expenses	I			
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	
	11	Net income summary. Subtract line 10 from I				8,246.
Pa	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	_			
Φ			(a) Bingo	(b) Pull tabs/instan		(d) Total gaming (add
eun			.,,	bingo/progressive bin	go	col. (a) through col. (c)
Revenue	_					
	1	Gross revenue				
	2	Cash prizes				
ses	_	Od311 p11203				
Direct Expenses	3	Noncash prizes				
Ë						
rect	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes	%   Yes %	6
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		······	
	_	Not consider in company of College time 5	7 francisco 4 - aliman (al)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)	<u></u>		
	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
a		ior the state(s) in willon the organization condi-		states?		Yes No
		he organization licensed to conduct gaming a				
а	ls t	he organization licensed to conduct gaming a No." explain:				
а	ls t	he organization licensed to conduct gaming a No," explain:				
а	ls t					
a b	Is t			rminated during the t	ax year?	Yes No
a b	Is t	No," explain:		rminated during the t	ax year?	Yes No
a b	Is t	No," explain:  ere any of the organization's gaming licenses re		rminated during the t	ax year?	Yes No
a b	Is t	No," explain:  ere any of the organization's gaming licenses re		rminated during the t	ax year?	Yes No
a b 0a b	Is t	No," explain:  ere any of the organization's gaming licenses re		rminated during the t		Yes No

Sch	edule G (Form 990 or 990-EZ) 2020 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	<u>%</u>
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
Ŀ	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\tau_{\text{squared}}\$		
_	: If "Yes," enter name and address of the third party:		
	the res, enternance and address of the third party.		
	Nama 🏲		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of continue provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
`	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	art III. linna O. (	0h 10h
		art III, III les 9, s	9D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	${ t ELGIN}$	YOUTH	SYMPHONY	ORCHESTRA	36-4403533	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (co	intinued)				
		(00	minaca)				
-							
i							
-							
1							
r .							

#### 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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 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) 2020