(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

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

Open to Public

Internal Revenue Service			► Go to www.in	s.gov/Form990 for insti	ructions and the lat	est informatio	on.	Inspection	
A	For the	e 2019 calen	dar year, or tax year beginni	ng JULY 1	JUNE 30	, 20 20			
В	Check i	f applicable:	C Name of organization GULF	D Emp	loyer identification number				
	Address	s change	Doing business as	1. 00	a	24 -		65-0666748	
	Name c	hange	Number and street (or P.O. bo	x if mall is not delivered to s	treet address)	Room/suite	E Teler	phone number	_
	Initial re	turn	PO BOX 60878		-	1	5	(239) 277-1700	
$\bar{\Box}$	Final ret	um/terminated	City or town, state or province	, country, and ZIP or foreign	postal code			(200) 277 1700	
$\bar{\Box}$	Amenda	ed return	FORT MYERS, FLORIDA 33				G Gros	s receipts \$ 1,476,9	120
	Applicat	tion pending	F Name and address of principal			H(a) is ti		for subordinates? Yes	
	• • •	, ,	ANDREW M KURTZ, PO BO	X 60878 FORT MYERS	FL 33906			tes included? Yes	
ī	Тах-ехе	mpt status:	₹ 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or 52			ist. (see instructions)	140
J	Website	: ► www.Gu	ulfCoastSymphony.org		<u></u>		oup exemption	•	
ĸ			Corporation Trust Asso	ciation ☐ Other ►	L Year of fo			of legal domicile: FL	_
Р	art I	Summai						or logo comono.	_
	1		cribe the organization's mi	ssion or most significa	ant activities: The	Gulf Coast Sy	mohony ex	ists to contribute	
9			ichment of Lee County by p						
Ě			f performances, event, com						
Ē	2		box ▶ ☐ if the organization						
Š	3		voting members of the go				, ,	1	
40	4		independent voting memb						<u>13</u>
Se	5		per of individuals employed			10)	. 5		12
¥	6		per of volunteers (estimate	-			6	109	8
Activities & Governance	7a		ated business revenue fron				<u> </u>	3	40
•	ь		ed business taxable incom			• • • • • •	7a		_0
		1401 BINISHE	ed basilloss taxable illicoll	18 HOTH FORTH 330-1, II		Brion	Year	Commant Voca	0
	8	Contributio	ns and grants (Part VIII, lin	a thì				Current Year	
Revenue	9		ervice revenue (Part VIII, lin				818,758		_
Ver	10		income (Part VIII, column i				780,387	471,6	_
Re	11			•			4,140	· · · · · · · · · · · · · · · · · · ·	<u>79</u>
	12		nue (Part VIII, column (A), lii				73,862	91,21	94
	13		ue—add lines 8 through 11				1,677,147	1,375,76	<u>80</u>
			similar amounts paid (Part				0		0
			id to or for members (Part				0		0
868			ner compensation, employed				218,246	288,32	<u>24</u>
Expenses			al fundraising fees (Part IX,			ANAMEST STATEST (VONE OF	C	A CONTRACTOR OF THE PROPERTY O	0
8			aising expenses (Part IX, co						
_ [			nses (Part IX, column (A), li		,		1,523,515	949,83	<u> 35</u>
			nses. Add lines 13-17 (mus				1,741,761	1,238,15	<u> </u>
. 10	19	Revenue les	ss expenses. Subtract line	18 from line 12			(64,614)	137,54	19
Net Assets or Fund Balances		<b>-</b>	(D) 1 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1			Beginning of	Current Year	End of Year	_
3 3							142,389	347,23	14
2 E			•			<b> </b>	505,756	571,77	<u>10</u>
			or fund balances. Subtract	line 21 from line 20			(363,367)	(224,530	<u>8)</u>
	rt II	Signatur							
true	ler penal: . correct.	ties of perjury, i . and complete.	I declare that I have examined this . Declaration of preparer (other,the	s return, including accompa en officen is based on all infe	nying schedules and si	atements, and to	the best of m	ny knowledge and belief, it	is
	,	. /	7 -7	D D D D D D D D D D D D D D D D D D D		arei rida ariy kiro	wiedge.		_
Sig	_	Ciamatin	A The state of the	4					_
-		y Signatur	of officer		L 77	· / '	Date >	elul-	
Hei	re		Thaten 11 Kuits	Mar Deci	I Welt	, W	5	114/2021	_
		1	print name and title	- · · ·		<u> </u>	/	/	_
Pai	d	Print/Type p	preparer's name	Preparer's signature		Date	Check [		
	pare	·					self-emp	loyed	_
	Only	/ Firm's name				Fi	m's EIN ▶		_
		Firm's addre		<u> </u>		P	hone no.		_
vlay	the IR	S discuss th	nis return with the preparer	shown above? (see in	nstructions)			. Yes No	_

	90 (2019) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
'	The Gulf Coast Symphony exists to contribute to the cultural enrichment of Lee County by producing and
	performing a broad variety of concerts and creating a diverse, innovative and balanced program of performances
	events, community and education projects which reaches the widest possible public. The Gulf Coast Symphony is
	recognized for its high-quality symphonic performances and its history of active community engagement/education.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 711130 ) (Expenses \$ 1,238,159 including grants of \$ 0) (Revenue \$ 1,375,708)
	The Gulf Coast Symphony provides an opportunity for area musicians to participate in the orchestral experience at the very highest
	levels. The orchestra encourages the growth of symphonic music in the greater community by performing a variety of concerts
	each year, including classical, pops and family education concerts. The Gulf Coast Symphony helps promote the careers of emerging
	artists by featuring them as soloists at our concerts and in recital. These same artists participate in the Symphony's education
	program, Musical Gateways, our in-school program, and also in other locations throughout our community. On March 14, 2020, we
	were forced to suspend our operations due to the COVID pandemic, and cancel our March to June activities. In the months prior, we performed 2 classical concerts, 2 performances of the Nutcracker, 2 summer pops concerts, a Halloween Family concert, 3 pops
	concerts all at the Barbara B. Mann Peforming Arts Hall. A free outdoor concert as part of Taste of the Cape was held in Cape Coral.
	A highly was our concert with Grammy Country music star Kristin Bush as part of IslandHopper Singer-Songwriter Festival. We also
	held 4 Under the Stars concerts. The Gulf Coast Symphony also continued its innovative music and arts education programs.
	We performed our Symphony Storytime children's series at the Lee County Libraries and Musical Discovery Zones at Art Fest and
	Taste of the Cape.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1	
	***************************************
,	***************************************
	***************************************
	***************************************
-	***************************************
4c (	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
_	
-	
-	
	***************************************
-	
**	
-	
30	
	Other program services (Describe on Schedule O.)
	Expenses \$ including grants of \$ ) (Revenue \$ )
-7C	otal program service expenses ► 1,238,159

Form	990 (2019)  NV Charkint of Paguirod Schodulae			Page
Par	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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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			1
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		·
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	-3444.20	<b>√</b>
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		<u>·</u>
C	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		<b>/</b>
đ	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		<b>√</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<del>-</del>
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		<b>√</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		✓
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		<u>*</u> ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>*</u> √
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	*	<b>√</b>
20a	make the contract of the contr	20a	-†	<u>▼</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

Par	t IV Checklist of Required Schedules (continued)			Page
			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			/
b		24b		7
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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	"Yes," complete Schedule L, Part IV	28a	1	-TI-SURE THAI
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	$\Box$	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34 35°	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	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	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	/	
Part '	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u>.</u>	
10	Enter the number reported in Day 0 of Farm 4000 First C. V.	1	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b> ]	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	-	raye
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		20000	W0535
	Statements, filed for the calendar year ending with or within the year covered by this return	28	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment		2b	1	MAGGISLO
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		900000	SOLET!	William S
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a	SEA DESCRIPTION OF	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of				-
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶	= 3.1	200		The same
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	x year?	5a	endowler()/or	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5b	( )	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions	?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).		700		
а	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	1	200
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was		7.50	0.3
	required to file Form 8282?		7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	78		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h	- 1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund n	naintained by the			
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	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 per-	son?	9b		The house
	Section 501(c)(7) organizations. Enter:	l I		İ	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
. D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
''a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	las I			
		118		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	444			
	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	11b			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	126	12a	200000000000000000000000000000000000000	NO WEST
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	is the organization licensed to issue qualified health plans in more than one state?				
	Note: See the Instructions for additional information the organization must report on Scheduli		13a	STATE OF THE PARTY	THE SHOP
	Enter the amount of reserves the organization is required to maintain by the states in which	3 O.	1		
,	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c		100	
	Did the accompation reaction and management for the formation of the first state of the f	130	14a		1000
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on the first of th		14a	+	<b>✓</b>
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in		140	+	
	excess parachute payment(s) during the year?	remunieration of	15		
	f "Yes," see Instructions and file Form 4720, Schedule N.		10	900 P	300 mar
	s the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16		
	f "Yes," complete Form 4720, Schedule O.	Janent HEUHET		Section 18	6000G

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	for a	tions
		Check it Schedule O contains a response or note to any line in this Part VI			
Sec	tion A	. Governing Body and Management	2023/4/20		
4-			91425523	Yes	No
18		er the number of voting members of the governing body at the end of the tax year	3		
	If the	ere are material differences in voting rights among members of the governing body, or			
	COLL	e governing body delegated broad authority to an executive committee or similar imittee, explain on Schedule O.			
ь		1 1			
2	Did	or the number of voting members included on line 1a, above, who are independent . 1b 1:	4		
_	any	any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	2	<b>√</b>	
3	supe	the organization delegate control over management duties customarily performed by or under the direct ervision of officers, directors, trustees, or key employees to a management company or other person?.	3		1
4	Did t	he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5		the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6		the organization have members or stockholders?	6		1
7a	one o	the organization have members, stockholders, or other persons who had the power to elect or appoint or more members of the governing body?	7a		1
b	Are	any governance decisions of the organization reserved to (or subject to approval by) members,		$\neg$	
_	stoci	kholders, or persons other than the governing body?	7b	. 1000000	1
8	the y	the organization contemporaneously document the meetings held or written actions undertaken during rear by the following:			
a	The	governing body?	8a	1	ALE PROPERTY.
b		committee with authority to act on behalf of the governing body?	8b	1	
9	the o	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at reganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sect	ion B.	Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
(SCALVIE				es	No
10a		he organization have local chapters, branches, or affiliates?	10a		1
b	affilia	es," did the organization have written policies and procedures governing the activities of such chapters, tes, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1	
ь	Desc	ribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did ti	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	1	REMOVEMENT
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ·	1	-SECREDA
C	descr	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," ibe in Schedule O how this was done	12c	/	
13	Did tt	ne organization have a written whistleblower policy?		7	
14	Did th	ne organization have a written document retention and destruction policy?	14	7	
15	Did to indep	he process for determining compensation of the following persons include a review and approval by endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7 70
а	The o	rganization's CEO, Executive Director, or top management official	15a v	/	SACRES.
b	Other	officers or key employees of the organization	15b ,		asterial and a second
16a		s" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
ioa	with a	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement it axable entity during the year?	16a		
b	partic	s," did the organization follow a written policy or procedure requiring the organization to evaluate its pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0. 1	organ	zation's exempt status with respect to such arrangements?	16b	T	mannage
		Disclosure Control Con			
17		e states with which a copy of this Form 990 is required to be filed ► FLORIDA			
18	(3)s or	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-Tilly) available for public inspection. Indicate how you made these available. Check all that apply.	(Section	n 50	1(c)
19		vn website			
10	and fir	be on Schedule O whether (and if so, how) the organization made its governing documents, conflict of nancial statements available to the public during the tax year.	interest	t poli	icy,
20		the name, address, and telephone number of the person who possesses the organization's books and reco	and - b		
,		intiff, CPA, Controller, 6314 Corporate Ct #100 Ft Myers. Fl 33919 239-277-1700	иos ►		

 $\alpha \alpha \alpha$	(2019)	

	-
Dana	7

			. ngo .
Part VIII	Companyation of Officers Directors	, Trustees, Key Employees, Highest Compensated Employees	
C Silv C A	Compensation of Officers, Directors	, mates, ney cilibroyees, nighest compensated comployees	. and
	Independent Contractors		,
	macpendent conductors		

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation officer and a director/trustee) of other per week from the from related compensation Officer Highest Individual trustee Key employee nstitutional (list any organization organizations from the hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and related related organizations compensated ganization below trustee dotted line) (1) Andrew M Kurtz 60 Music & Executive Director 76,123 (2) Iris D. Landefeld, PhD. 8 President of the Board (3) Rick Robison 1 Treasurer of the Board (4) Reece Nanfito Secretary of the Board (5) Matthew Connar 1 **Board of Directors** (6) David Harier 1 **Board of Directors** (7) Gary Hayes **Board of Directors** (8) Jodi Harrison 1 **Board of Directors** (9) Paula Meyer Board of Directors (10) Elisa Miller-Burda \_ 1 **Board of Directors** (11) Susan Oliver 1 **Board of Directors** (12) Sarah Spinelli **Board of Directors** (13) Susan Wadsworth .1 **Board of Directors** (14)

Pa	rt VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	es, a	nd F	lighest Compo	ensated Emplo	yees (continued
	(A)				- (	(C) sition					
	Name and title	Average hours per week	box,	unle:	heck ss pe d a c	mor ersor direc	re than is bot tor/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)	***************************************					$\vdash$					
(17)						$\vdash$					
(18)										<u> </u>	
(19)											· · · · · · · · · · · · · · · · · · ·
(20)				-						V	
(21)				-							
				$\dashv$				-			
(23)				$\neg$				-			
(24)						1		7			<u> </u>
(25)		272730		7				$\top$			
1b	Subtotal					<del> i</del>	-	-	76,123		
c d	Total from continuation sheets to Part \ Total (add lines 1b and 1c)						. ]	•	76.123		
2	Total number of individuals (including but reportable compensation from the organiz	not limited	to the	se i	liste	ed a	bove	wh	o received more	than \$100,000	of
3	Did the organization list any former or employee on line 1a? If "Yes," complete S	fficer, direc	etor,	trus	tee.	, ke	ey en	nplo	yee, or highest	compensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations of individual	sum of rep	ortabl	e c	ome	oen:	sation	and " C	d other compensionplete Schedu	sation from the	3 🗸
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue cor	npen:	satio	on f	rom	any	unre	elated organization		4 /
Secti	on B. Independent Contractors	<i></i> 703, 60	inpic	000	CITC	aui	0 0 10	Jou	CIT Persori .	<u> </u>	5 /
1	Complete this table for your five highe compensation from the organization. Report	st comper t compens	sated	i in	der	cale	dent Indar	conf	tractors that re-	ceived more th	an \$100,000 of
	(A) Name and business addre								(B) Description of servic		(C) empensation
							$\dashv$				
2	Total number of independent contractors received more than \$100,000 of compensat	(including	but e orga	not miza	iin atlo	nited n ▶	d to	thos	se listed above)	who	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule	в О с	ontains a	'espo	nse or note to an				[			
							(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(b) Revenue excluded from tax under sections 512-514			
23 7	3 1a	Federated campaig	gns .		1a	0							
Contributions, Gifts, Grants	<b>§</b>   ь	Membership dues	٠.		1b	0		1	10 A/50 10 10 10				
	Ę c	Fundraising events	<b>.</b> .		1c	81,171		l de la company					
	d 2	Related organization	ons .		1d	0							
	e	Government grants			1e	53,055							
	f	All other contribution	ons, g	ifts, grants,									
	5	and similar amounts r	not inc	luded above	1f	677,871							
울	9	Noncash contributi											
Contri	2	lines 1a-1f. , .			Ig	\$ 372,200							
	2 P	Total. Add lines 1a	1-1f .				812,097						
•						Business Code							
ટું	2a	Ticket Sales				711130	439,856	100	110 53				
9 9	} b	Ensemble Income/S				711130	21,032	11					
E 6	C	Program Advertising	9			711130	10,750			<u> </u>			
Program Service Revenue	d	***************************************											
§ _	· -	All alban and and											
Φ.	l f	Ali other program s						Telephone and the second					
10/10	9	Total. Add lines 2a					471,638						
	3	Investment Income other similar amour											
	1		-				679						
	5	<ul><li>Income from investment of tax-exempt bon</li><li>Royalties</li></ul>			· -								
	"	Hoyamos		(i) Rea		(ii) Personal	4502 W W W W W W W W W W W W W W W W W W W		NO SOLITO CONTROL OF THE PARTY	As a second from the second			
	6a	Gross rents	6a	19.100		(4) T Grootlas			1				
	b	Less: rental expenses								4 1720			
	C	Rental income or (loss)							1				
	d	Net rental income o		s)			almost the second	Contraction (					
	7a	Gross amount from	$\overline{}$	(i) Securi	ies	(ii) Other				de la companya de la			
	1.4	sales of assets							4	4 . 2 . 2 . 3 . 4			
		other than inventory	7a										
ā	ь	Less: cost or other basis						1	1				
Revenue	Į	and sales expenses .	7b										
ě		Gain or (loss)	7c		22.5				1				
_	ď	Net gain or (loss)					- 944-250-25-26-70						
Other	8a	Gross income from		ndraising			1		1				
0	8	events (not including		81,171				1					
	1	of contributions rep			. 1			1	1				
143	i .	1c). See Part IV, line			8a	132,514							
3		Less: direct expense			8b	101,220	-						
9		Net income or (loss)			ever	nts >	31,294		A CONTRACTOR OF THE PARTY OF TH	S RECORDING THE THREE TO			
- 1		Gross income fi activities. See Part I'			9a			1					
8		Less: direct expense			9b								
		Net income or (loss)				S							
		Gross sales of in			LIVILIO:		Marine State of the State of	The state of the s	NEW TOTAL CONTRACTOR OF				
- 1		returns and allowand		лу, iess	10a								
		Less: cost of goods			10b				1				
		Net income or (loss)				v		ACCURAGE AND ADDRESS OF		Commence of the Commence of th			
92		11111			Ť	Business Code	<i></i>						
ام گ	11a	Covid Relief Payment	s		- 1	711130	60,000	Contract Con					
Revenue	b												
	c												
Miscellaneous Revenue					. [				33 may 2	77.0			
<u> </u>		Total. Add lines 11a			. :	🕨	60,000						
2012		Total revenue. See				•	1,375,708						

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	ımn (A).
_	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		112161		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2000 840 840 200			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees		17.000		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	238,070	34,374	203,696	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,331	33,881	450	
10	Payroll taxes	15,923	15,923		
11	Fees for services (nonemployees):	1110 1200000000			
a	Management				
Ь	Legal				
C	Accounting	3,000		3,000	
d	Lobbying			A River and A Control of the Control	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		,		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	544,157	541,217	2,940	
13	Office expenses	135,333 17,010	129,856	1,529	3,948
14	Information technology	17,010		14,019	2,991
15	Royalties		VICES IN BUILDING		
16	Occupancy	149,628	127,170	22,458	
17	Travel	21,367	20,450	917	
18	Payments of travel or entertainment expenses	2,,007	20,100	517	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	37		37	
20	Interest ,	9,726		9,726	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	6,818	MEN OF ELANCEMENT STATES	6,818	
24	Other expenses. Itemize expenses not covered		1	1	
	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.)	1	1		
а	Production Expenses: Sets, Costumes, Music	00.000	00.050		
b	Repairs & Malnenance	60,058	60,058		
C	***************************************	2,701		2,701	
d					
e	All other expenses	W			
25	Total functional expenses. Add lines 1 through 24e	1,238,159	962,929	268,291	£ 020
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	.,250,130	202,923	200,231	6,939

	Part >			SW	I to El
100		Check if Schedule O contains a response or note to any line in this Pa			
_			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	(23,088	1	204,78
	2	Savings and temporary cash investments		2	62
	3	Pledges and grants receivable, net	Land Hard R	3	
	4	Accounts receivable, net	61,100	4	17,40
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
2	7	Notes and loans receivable, net	70.	7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	71,048	10c	93,048
	11	Investments—publicly traded securities	11,040	11	53,040
	12	Investments—other securities. See Part IV, line 11	I	12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	33,328	15	31,375
	16	Total assets. Add lines 1 through 15 (must equal line 33)	142,388		347,234
	17	Accounts payable and accrued expenses	118,553		24,435
	18	Grants payable		18	65,200
	19	Deferred revenue ,	138,099	19	140,337
	20	Tax-exempt bond liabilities	,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	,	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ia		controlled entity or family member of any of these persons	1 2 27 3	22	
_	23 24	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties	196,059	24	341,799
á	25	Other liabilities (including federal Income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	36,959	25	
	26	Total liabilities. Add lines 17 through 25	489,670		<u>0</u>
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	495,270		571,770
匵	27	Net assets without donor restrictions		07	
8	28	Net assets with donor restrictions		27	
짇		Organizations that do not follow FASB ASC 958, check here ▶ □		28	
		and complete lines 29 through 33.	1		
ㅎ	29	Capital stock or trust principal, or current funds		OC STREET	Maria Carlo (Salara Antara)
8	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
8	31	Retained earnings, endowment, accumulated income, or other funds		30	
اي	32	Total net assets or fund balances	(298,754)		(364,004)
	33	Total liabilities and net assets/fund balances	(64,614) 142,389		(224,536)
		The state of the s	142,389	<b>J</b>	347,234

347,234 Form **990** (2019)

Form 8	990 (2019)			Pi	age 12
Pai	t XI Reconciliation of Net Assets				-90
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1			75,70
2	Total expenses (must equal Part iX, column (A), line 25)	2			38,15
3	Revenue less expenses. Subtract line 2 from line 1	3			37,550
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			4,614
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	· · · · · · · · · · · · · · · · · · ·	-	_
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	40			
Pari	XII Financial Statements and Reporting	10		7	72,936
	Check if Schedule O contains a response or note to any line in this Part XII				
	t vijestojakiniko 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Yes	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			200190	
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:	npiled o	or		
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight (	of T		THE RESERVE OF THE PERSON NAMED IN
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	o kplain	n		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

3a

3b

#### SCHEDULE A (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.

20**19** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number **GULF COAST SYMPHONY ORCHESTRA, INC.** 65-0666748 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type i. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (ii) EIN (I) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions Yes No (A) (B) (C) (D) (E) **Total** 

(Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	i) alify under
tion A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		**************************************				
	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
					12	
First five years. If the Form 990 is for the	organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
organization, check this box and stop here	ė					* * * *
						%
331/3% support test-2019. If the organiz	ation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, c	heck this
2 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
15 is 10% or more, and if the organization me Explain in Part VI how the organization me	on meets the ets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check th he organization	is box and stone	op here. publicly
Private foundation. If the organization did	not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	ee
	(Complete only if you checked the Part III. If the organization fails to tion A. Public Support  Indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3.  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4 ion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization, check this box and stop here.  Total support test—2019. If the organization check this box and stop here. The organization quality 33½% support test—2019. If the organization this box and stop here. The organization meet and stop here. The organization meet and stop here. The organization meet and if the organization meet supported organization. If the organization meet supported organization. If the organization of the organization of the organization meet supported organization. If the organization did supported organization. If the organization did private foundation. If the organization did private foundation. If the organization did	(Complete only if you checked the box on lin Part III. If the organization fails to qualify und tion A. Public Support  Girts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3.  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support.  Subtract line 5 from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets  (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructic First five years. If the Form 990 is for the organization organization, check this box and stop here.  On C. Computation of Public Support Percentage Public support percentage from 2018 Schedule A, Part I will be a support test—2019. If the organization qualifies as a publi 33¹/a% support test—2019. If the organization qualifies as a publi 33¹/a% support test—2019. If the organization qualifies as a publi 30% or more, and if the organization meets the "facts-and-circumstances test—2019. If the organization organization.  10%-facts-and-circumstances test—2019. If the organization meets the "facts-and-circumstances test—2019. If the organization organization.  10%-facts-and-circumstances test—2018. If the organization meets the "facts-and-circumstances test—2019. If the organization meets the "facts-and-circumstances test—2018. If the organization meets the "facts-and-circumstances test—2018. If the organizat	(Complete only if you checked the box on line 5, 7, or 8 of Part III. If the organization fails to qualify under the tests listion A. Public Support Indar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3.  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (1).  Public support. Subtract line 5 from line 4  Ion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second organization, check this box and stop here  Public support percentage for 2019 (line 6, column (f) divided by line 1  Public support percentage form 2018 Schedule A, Part II, line 14  331/s% support test—2019. If the organization did not check the box and stop here. The organization qualifies as a publicly support and stop here. The organization meets the "facts-and-circumstances" testorganization.  10%-facts-and-circumstances test—2019. If the organization did not check a box on this box and stop here. The organization meets the "facts-and-circumstances" testorganization.  10%-facts-and-circumstances test—2018. If the organization did not check a lox or more, and if the organizat	Complete only if you checked the box on line 5, 7, or 8 of Part I or if the Part III. If the organization fails to qualify under the tests listed below, point A. Public Support Indar year (or fiscal year beginning in)    Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge .  Total. Add lines 1 through 3.  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  Public support. Subtract line 5 from line 4 lion B. Total Support  dar year (or fiscal year beginning in)    Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, organization, check this box and stop here.  Total support test—2019. If the organization of the other box on line 13, and box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13 or 16x this box and stop here. The organization meets the "facts-and-circumstances" test, the Part VI how the organization meets the "facts-and-circumstances" test, the Part VI how the organization meets the "facts-and-circumstances" test, the Part VI how the organization meets the "facts-and-circumstances" test. The organization in Part VI ho	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization Part III. If the organization fails to qualify under the tests listed below, please completion A. Public Support ndar year (or fiscal year beginning in) (a) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (d) 2018 (d) 2015 (b) 2016 (c) 2017 (d) 2018	(Complete only if you checked the box on line 5, 7, or 8 of Part II or if the organization failed to qui Part III. If the organization faile to qualify under the tests listed below, please complete Part III.)  it in A. Public Support  indar year (or fiscal year beginning in)

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

	(Complete only if you checked t If the organization fails to qualif	the box on line  v under the te	e 10 of Part I	or if the organ	nization failed	l to qualify un	der Part II.
Sec	tion A. Public Support					#1	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	626,998		675,808	818,758	812,097	
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513	428,272	305,424	543,807	780,387	471,638	3,639,60 2,529,52
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					10	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5	1,055,270	1,011,367	1,219,615	1,599,145	1,285,754	6,171,15
	received from disqualified persons .	94,747	78,966	61,633	59,834	99,345	394,525
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	o	o	o	0	0	
c	Add lines 7a and 7b	94,747	78,966	61,633	59,834	99,345	394,52
8	Public support. (Subtract line 7c from line 6.)						5,776,620
	on B. Total Support				ili II	-	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6	1,055,270	1,011,367	1,219,615	1,599,145	1,285,754	6,171,151
b	royalties, and income from similar sources .  Unrelated business taxable income (less section 511 taxes) from businesses	0	0	0	0	<u>0</u> _	0
_	acquired after June 30, 1975	0	0	0	0		0
11	Add lines 10a and 10b	0	0	0	0	0	0
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)			0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop her						
Section	on C. Computation of Public Support		• • • • •	• • • •		• • • • •	· · • 📙
15	Public support percentage for 2019 (line 8		ided by line 13	column (fl)	<del></del>	46	** 0/
16	Public support percentage from 2018 Sch	edule A, Part III	, line 15	_ · · · · · _ ·		16	94 %
	on D. Computation of Investment Inc			<u> </u>			
17 18	Investment income percentage for 2019 (iii	ne 10c, column	(f), divided by	line 13, colum	n (f))	17	%
	Investment income percentage from 2018 331x% support tests—2019. If the organization is not more than 331x%, check this box a	zation did not c	heck the box of	on line 14, and	line 15 is mor	18   e than 331/3%,	77.
b	331x% support tests—2018. If the organize line 18 is not more than 331x%, check this b	ation did not che	eck a box on lin	e 14 or line 19	a, and line 16 is	more than 331	ß%, and ☐

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	-	V	No
ng by	1	Yes	No
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nd he	3b		
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on ed B)	4b		
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it	9b		
ר לכ	9c		
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Pai	t IV Supporting Organizations (continued)	Page C
	201 03 1	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
E	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
t	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sec	tion B. Type I Supporting Organizations	11.0
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	tion C. Type II Supporting Organizations	
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).	Yes No
Sect	ion D. All Type III Supporting Organizations	765-0
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?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Secti	on 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 if	structions).
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.	
¢	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	ig trus inizatio	it on Nov. 20, 1970 (exp	plain in Part VI). See
Section A—Adjusted Net Income	Inzak	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	$T^{\dagger}$	VX	(apartitus)
2 Recoveries of prior-year distributions	2		-
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		-
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		-
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 8		37
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4 🕅		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y integ	grated Type III supporting	ng organization (see

Par	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	11.54
Sec	tion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	The state of the s	orted		
3		rooses of supported orga	nizations	<del>                                     </del>
4	Amounts paid to acquire exempt-use assets	posterior organization organiza		
- 5	Qualified set-aside amounts (prior IRS approval required	f)		
6			2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whi (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re-	sponsive	
9	Distributable amount for 2019 from Section C, line 6			<del> </del>
10	Line 8 amount divided by line 9 amount			
Sec	tion E-Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
1	Carryover from 2014 not applied (see instructions)			
_1_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	NATIONAL AND A COLUMN DATE OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACTION OF THE ACT		
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years		CIGI COMMA MANDE TA ANGLAS I I AN	
	Applied to 2019 distributable amount Remainder, Subtract lines 4a and 4b from 4.			THE THE STATE OF THE PERSON OF THE PERSON
		High the state of		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
************	
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### **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		Employer identification number
GULF	COAST SYMPHONY ORCHESTRA, INC		85-0666748
Pa	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	[0]	
2	Aggregate value of contributions to (during year) .		5#U <u>-</u>
3	Aggregate value of grants from (during year)	<u> </u>	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or for	any other purpose
Dai	conferring impermissible private benefit?		· · · · · · Yes No
	Complete if the organization answered "	Vestion Form 900 Bart IV line 7	
1	Purpose(s) of conservation easements held by the o	respiration (about all that apply)	
•	Preservation of land for public use (for example, recreations)		i – telebada ette terre e terre terre e
	Protection of natural habitat	· —	a historically important land area a certified historic structure
	☐ Preservation of open space	LJ 1 reservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	In the form of a concentration
	easement on the last day of the tax year.		Held at the End of the Tax Year
8			. 2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified his		
d	Number of conservation easements included in (conservation)		
			. 2d
3	Number of conservation easements modified, transf	ferred, released, extinguished, or term	inated by the organization during the
	tax year >		
4	Number of states where property subject to conserv	vation easement is located	20,000
5	Does the organization have a written policy regardiolations, and enforcement of the conservation ease	arding the periodic monitoring, insperents it holds?	ection, handling of
6	Staff and volunteer hours devoted to monitoring, inspect		
	<b>&gt;</b>		and you
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing co	onservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · Pyes D No
9	In Part XIII, describe how the organization reports co	inservation easements in its revenue a	nd expense statement and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's finan	icial statements that describes the
	organization's accounting for conservation easemen		
Part		of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Y		<u> </u>
1a	If the organization elected, as permitted under FASE	ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets it service, provide in Part XIII the text of the footnote to	neld for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets hold for	3 ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held fi provide the following amounts relating to these items	or public exhibition, education, of fess t	arch in turtherance of public service,
	M Revenue included on Form 990 Part Vill line 4	··	•
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, h	distorical traceuros or other similar	note for florestet acts
	following amounts required to be reported under FAS	SR ASC 958 relating to these items:	• • • • • • • • • • • • • • • • • • • •
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990 Part X		

Schedule	5	/Earn	0001	201	n
SCHEOUH	$\boldsymbol{\nu}$	IFORT	Banı	2U I	ы

Page 2

Pâ	rialla Organizations Maintaining	Collections of	Art, Historical	Treasures, or C	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther records, che	ck any of the folio	wing that make si	gnificant use of its
ε			d 🗍 Loan	or exchange prog	oram	
Ł	Scholarly research		e 🗆 Othe	r		
•	Preservation for future generations	3				
4	Provide a description of the organiza XIII.		and explain how	they further the or	rganization's exem	pt purpose in Part
5	During the year, dld the organization	solicit or receive	donations of art.	historical treasur	es or other simila	T
	assets to be sold to raise funds rather	than to be mainta	lned as part of th	e organization's c	ollection?	Yes No
Pa	rt IV Escrow and Custodial Arra	angements.				
	Complete if the organization 990, Part X, line 21.					
1a	included on Form 990, Part X?				or other assets no	t ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:		
					An	nount
C					C	
d	· · · · · · · · · · · · · · · · · · ·				d	
е	· · · · · · · · · · · · · · · · · · ·	• • • • • •		<u>1</u>	e	
f	Ending balance			· · · · <u>[ 1</u>	f	
28		it on Form 990, Pa	art X, line 21, for e	scrow or custodia	al account liability?	Yes 🗌 No
D	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provid	ed on Part XIII .	· · ·
Pa	t V Endowment Funds.	1 02 4				
	Complete if the organization					
4-	Bartanta of cont. t	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a		18,906	43,510	67,891	72,560	58,458
b	Contributions	0	0	1000	100	13,900
С	Net investment earnings, gains, and	ľ				1
	losses	674	1863	238	6,553	1099
d	Grants or scholarships	0	0	0	0	0
е	Other expenditures for facilities and					
	programs	-2000	-25,500			0
f	Administrative expenses	-742	-967			-897
g	End of year balance	16,838	18,906		67,891	72,560
2	Provide the estimated percentage of the		-	, column (a)) held	as:	
a	Board designated or quasi-endowmen	**********	2%			
b		30 %				
С	*************		2004			
0-	The percentages on lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	possession of the	organization that	it are held and ad	ministered for the	
	organization by:					Yes No
						3a(i) ✓
h	(ii) Related organizations					3a(ii) ✓
4	If "Yes" on line 3a(ii), are the related org	ganizations listed :	as required on Sc	negule H? .   .   .		3b
Pari	Describe in Part XIII the intended uses VI Land, Buildings, and Equipr		i's endowment tu	inas.	<del></del>	
ган	,		on Form 000 D	land the time at a c	0 5- 000 5	
	Complete if the organization a					art X, line 10.
		(a) Cost or other			Accumulated preciation	(d) Book value
18	Land		0	0		0
Ь	Buildings		0	0	0	0
C	Leasehold improvements		0	7,620	0	7,620
ď	Equipment		0	77,844	0	77,844
e Total	Other	1	0	0	0	0
ı otal.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990	), Part X, column	(B), Ilne 10c.)	•	RS 464

Part VII			Pri II	III IN EX
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: of-year market value
	al derivatives		=	
(2) Closely	held equity interests		(0.111	
(3) Other_				
				- 1
(B)				
(C)				
(D)	+			
(F) (G)				
(H)	***************************************		· - · · · · · · · · · · · · · · · · · ·	
	ımn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on For	m 000 Port IV line	110 000 500	
	(a) Description of investment	(b) Book value	(c) Metho	990, Part X, line 13. d of valuation: f-year market value
(1)				y
(2)				
(3)			-	
(4)				
(5)				FC:
(6)			JL 65	625/6
(7)				11
(8)	<u> </u>			
(9)	The All Three Age of Community and Community			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) .  Other Assets.			
raitin	Complete if the organization answered "Yes" on Forr	m 000 Dort IV line	444 0 5	00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(a) Description	n 330, Part IV, III le	110. See Form 9	
(1)	14)			(b) Book value
(2)				············
(3)				<del></del>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mp (h) must equal Form 200 Part V and (D) (in a 45)			
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		· · · · . <b>•</b>	
TAFLA	Complete if the organization answered "Yes" on Forn line 25.	n 990, Part IV, line	11e or 11f. See F	orm 990, Part X,
•	(a) Description of liability	<del> </del>	····	(b) Book value
1) Federal in			<del></del>	In) Book value
2)				·····
(3)				<u> </u>
4)				
5)				
6)				
7)				
8)				
9) otal <i>(Colur</i>	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
Lightlity for	uncertain tay positions in Dort VIII provide the text of the fortest			
ganization's	uncertain tax positions. In Part XIII, provide the text of the footnot liability for uncertain tax positions under FASB ASC 740. Check h	e to the organization's tere if the text of the fo	otnote has been pro	that reports the vided in Part XIII .

Schedule		Œoro.	DOM	2010
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Pai	ne	4

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,			
4	Total revenue, gains, and other support per audited financial statements			
1 2			TENNION/HING	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i a. I		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
0	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
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			
b	Other (Describe in Part XIII.)			
C	Add fines 4a and 4b		· · · · 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part				
	Complete if the organization answered "Yes" on Form 990, I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		<u>2</u> e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	18.)	5	
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	4; Part IV, line to provide any a	s 1b and 2b; Part V, line 4; Part additional information.	X, line
		======================================		
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Schedule D (Fo			Page !
Part XIII	Supplemental Information (continued)		
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### SCHEDULE G (Form 990 or 990-EZ)

Supplemental information Regarding Fundralsing 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

of the organization					Employer identifi	ication number
COAST SYMPHONY ORCHESTRA,	INC				65	-0666748
Fundraising Activities.	Complete if t	he organiz complete	ation answerth	wered "Yes" on F	orm 990, Part IV,	line 17.
					heck all that apply.	
(						
☐ Internet and email solicitatio	ns	f [		•	•	
☐ Phone solicitations		g		_	*	
☐ In-person solicitations			_ ,	•		
Did the organization have a writ or key employees listed in Form	ten or oral agre	ement with	any individualisment	dual (including office with professional for	cers, directors, trusi undraising services	tees, ?
If "Yes," list the 10 highest paid	individuals or e	entities (fun				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody (	or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (f)	(vi) Amount paid to (or retained by) organization
	*	Yes	No	<del></del>		
		100	Ito			
					···	
-	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
List all states in which the organ registration or licensing.	ization is regis	tered or lice	ensed to so	olicit contributions	or has been notifie	ed it is exempt from
	Indicate whether the organization Mail solicitations Internet and email solicitations In-person solicitations Did the organization have a writtor key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by  (i) Name and address of individual or entity (fundraiser)	Form 990-EZ filers are not required to Indicate whether the organization raised funds    Mail solicitations   Internet and email solicitations   Phone solicitations     In-person solicitations   In-person solicitations     In-person solicitations   Did the organization have a written or oral agree or key employees listed in Form 990, Part VII) of "Yes," list the 10 highest paid individuals or compensated at least \$5,000 by the organization or entity (fundraiser)	Fundraising Activities. Complete if the organiz Form 990-EZ filers are not required to complete Indicate whether the organization raised funds through an Mail solicitations e [Internet and email solicitations f Internet and email solicitations g In-person solicitations Did the organization have a written or oral agreement with or key employees listed in Form 990, Part Vil) or entity in oral fi "Yes," list the 10 highest paid individuals or entities (funcompensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser) (ii) Activity Pes  Ves  List all states in which the organization is registered or lice registration or ficensing.	Fundraising Activities. Complete if the organization ansomer Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the foll Mail solicitations e Solicitations f Solicitations g Solicitations g Solicitations Internet and email solicitations g Special Internet and email solicitations Did the organization have a written or oral agreement with any individual or key employees listed in Form 990, Part VII) or entity in connection of "Yes," list the 10 highest paid individuals or entities (fundraisers) prompensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser have custody or control of confributions?  Yes No  List all states in which the organization is registered or licensed to scregistration or licensing.	Fundraising Activities. Complete if the organization answered "Yes" on Form 990-EZ filers are not required to complete this part.  Indicate whether the organization raised funds through any of the following activities. C Mail solicitations e Solicitation of non-governing Internet and email solicitations f Solicitation of government Phone solicitations g Special fundraising events In-person solicitations In-pers	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, Form 990-Ez filers are not required to complete this part.  Indicate whether the organization raised funds through any of the following activities. Check all that apply.    Mail solicitations

P	art II	Fundraising Events. Co than \$15,000 of fundraisi gross receipts greater that	ing event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, li Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
_			(a) Event #1  GALA  (event type)	(b) Event #2  Taste of the Cape (event type)	(c) Other events Pre-Concert Dinners (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	86,790	110,715	5,830	198,088
Œ	2	Less: Contributions Gross income (line 1 minus	17,670	14,410	0	32,080
		line 2)	69,120	96,305	5,830	171,255
	4	Cash prizes	0	0		
	5	Noncash prizes	3,000	0	0	0
Sesus	6	Rent/facility costs	0	0	177	177
Direct Expenses	7	Food and beverages	16,005	9,256	1,129	26,390
Direc	8	Entertainment	2,065	6,045	0	8,110
	9	Other direct expenses .	776	61,266	0	62,042
Pa	10 11 71	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ	act line 10 from line 3, co e organization answe	olumn (d)	90, Part IV, line 19, c	96,719 74,536 or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total garning (add col. (a) through col. (c))
P	1	Gross revenue				
ses	2	Cash prizes				
ect expenses	3	Noncash prizes				· · · · · · · · · · · · · · · · · · ·
Ulrect	4	Rent/facility costs				ja za
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %   ☐ No	☐ Yes % Mo	☐ Yes%  ☐ No	
	7	Direct expense summary. Add	d lines 2 through 5 in col	lumn (d)		A SESSION
	8	Net gaming income summary	. Subtract line 7 from lin	e 1, column (d)		
9	ls th		nduct gaming activities i	in each of these states?	~~~~~	. Yes No
10a	We	re any of the organization's ga 'es," explain:	ming licenses revoked,	suspended, or terminat	ed during the tax year?	.   Yes   No

Sched	Jule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	
13	Indicate the percentage of gaming activity conducted in:		
а	1130		%
b			%
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 garning		
h	revenue?	☐ Yes	□ No
	amount of gaming revenue retained by the third party > \$  If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶	**********	
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	i) and (v al inform	); and nation.
		E-1000	
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			*********
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#### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number **GULF COAST SYMPHONY ORCHESTRA INC** 65-0666748 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and 1 (d) Corrected? (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3) (4) (5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (D) Written with organization loan from the principal amount by board or agreement? organization? committee? To From Yes No Yes No No Yes (1) Doni Landefeld Bd Member Cash Flow 25,000 13,115 (3)(4)(5) (6)(7)(8) (9) (10)**Total** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27, (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2)(3)(4)(5)(6)(7)(8)(9) (10)

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi reve	aring o zation's nues?
(1) Matthew Connar (Boost Creativ				Yes	No
(1) Matthew Connar (Boost Creative (2)	e) Board Member	\$12,000	Owner GCS Design Firm		✓
(3)		<del></del>			<del> </del> -
(4) (5) (6) (7)		·			<del> </del>
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(6)					<del> </del>
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(9)					
(10) Part V Supplemental Informa	**	<u></u>			
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

reame of the organization	Employer Identification number
Gulf Coast Symphony Orchestra, Inc	65-0666748
Bodyn Soo D Live Std. Mar. Tr. 200	
Part VI - Sec B- Line 11b Yes. The 990 is reviewed by our governance committee, which include	
controller and Music & Executive Director. It is also made available to the full board for their revi	ew and approval at a regularly scheduled
meeting prior to submitting to the IRS.	***************************************
	1441-4500, \$4900 FF
Part VI- Sec B - Line 12c We have a formal conflict of interest policy. We get an annual statemen	from board members of any conflicts.
Any transaction involving a board member is subject to approval by vote of the full board.	
***************************************	
Part VI - Sec B - Line 15a&b Our CEO salary and contract is approved by the board. Staff salari	es are approved at the appual meeting
during the budget review and process.	so do opproved at the annual meeting,
Part VI - Sec C - Line 19 All policies are published in the board manual and are available by requ	
eneral public. Our 990 is available online on our website, Guidestar and other similar public site	***************************************
art IX Line 11g Guest Performers & Designers/Directors \$132,514; Extra Orchestra Musicians \$	
ulf Coast Symphony Musician \$337,500; Stage Manager/Video Production Staff \$9,493; Ticketing	Fees/Service Charges \$18,603
rofessional Association Membership/Fees: \$2940	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************