Form **990**

Return of Organization Exempt From Income Tax

income rax | **ZU**

OMB No. 1545-0047

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

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

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

Open to Public Inspection

| Α | For th | ne 2023 calen | dar year, or tax | year begin | ning 7/ | 01 | , 2023. | and ending | 6/ | 30 | | 20 2024 | |
|--------------------------------|-------------|-----------------------|-------------------------------|------------------|-------------------|------------------|-------------------|-------------------|-----------------------|-------------------------------|--------------------------|------------------------|--|
| В | | f applicable: | C | , | . , , | | , ====0, | | , 0/ | | | ification number | |
| _ | | dress change | SAN DIEGO | Y∩IITH | CAMDHUM | | | 23- | 7380 | 9/13 | | | |
| | \vdash | • | 1650 EL P | | | I & COND | | | E Teleph | | | | |
| | \vdash | me change | SAN DIEGO | | | | | | | | | | |
| | | tial return | 01111 21200 | , 011 52 | | | | | | 619 | 233 | -3232 | |
| | Fina | al return/terminated | | | | | | | | | | _ | |
| | An | nended return | | | | | | | | G Gross | | | 11 |
| | Ар | plication pending | F Name and add | ress of principa | officer: MIC | CHAEL RE | MSON | | ` ' | a group retu | | | |
| | | | SAME AS C | ABOVE | | | | H | Are all! '. If "No | subordinate " attach a lis | s included t. See ins | d? Yes | No |
| I | Tax-e | exempt status: | X 501(c)(3) | 501(c) (|) (| insert no.) | 4947(a)(1) or | 527 | , | | | | |
| J | Web | osite: WW | W.SDYS.OR | G | | | | ŀ | H(c) Group | exemption n | umber | | |
| K | Form | of organization: | X Corporation | Trust | Association | Other | LY | ear of formatio | n: 194 | 6 M | State of I | egal domicile: CA | <u> </u> |
| Pa | ırt I | Summar | | | I. | | l | | | | | | |
| | | | be the organiza | ation's miss | ion or most | significant a | ctivities: TNS | TTLL EX | CELLE | NCE IN | I MUS | TCAT. | |
| | | | ENT AND P | | | | | | | | | | |
| ဦ | | EXPERIEN | | | | | <u> </u> | <u> </u> | <u> </u> | 110 110 | <u></u> | | |
| 'n. | | | | | | | | | | | | | |
| Governance | 2 | Check this bo | ox I if the | organizatio | n discontinu | ued its opera | tions or dispo | osed of mor | re than 2 | 5% of its | net as | sets. | |
| | 3 | Number of vo | ting members | | | | | | | | 3 | | 15 |
| - ೮ | 4 | Number of in | dependent voti | ng member | s of the gov | erning body | (Part VI, line | 1b) | | | 4 | | 15 |
| <u>ë</u> . | 5 | Total number | of individuals | employed ir | n calendar y | ear 2023 (Pa | art V, line 2a) |) | | | 5 | | 70 |
| Activities & | | | of volunteers | | | | | | | | 6 | | 52 |
| Ą | | | ed business rev | | | | | | | | 7a | | 0. |
| | b | Net unrelated | l business taxa | ble income | from Form 9 | 990-T, Part I | , line 1 | | | | 7b | | 0. |
| | | | | | | | | | | rior Year | 1 | Current Y | ear |
| ø | 8 | Contributions | and grants (Parice revenue (P | art VIII, line | 1h) | | | | 1 | 1,229, | 863. | 1,573 | ,517. |
| Revenue | 9 | Program serv | rice revenue (P | art VIII, line | e 2g) | | | | | 929, | 782. | 945 | ,067. |
| e e | | | ncome (Part VII | | | | | | | 49, | 638. | 45 | ,728. |
| ď | | | e (Part VIII, col | | | | | | | 223, | 241. | | ,669. |
| | | | e – add lines 8 | | | | | | | 2,432, | 524. | 2,524 | ,643. |
| | 13 | Grants and s | imilar amounts | paid (Part | IX, column (| (A), lines 1-3 | 5) | | | | | | |
| | 14 | Benefits paid | to or for members | bers (Part I | X, column (| A), line 4) | | | | | | | |
| | 15 | Salaries, othe | er compensatio | n, employe | e benefits (F | Part IX, colui | mn (A), lines | 5-10) | 2 | 2,032, | 641. | 2,103 | ,196. |
| Ses | 16a | Professional | fundraising fee | s (Part IX, | column (A), | line 11e) | | | | | | | |
| Expenses | | | sing expenses (| | | • | | | | | | | |
| 益 | | | | | | | 42 | | | | 100 | 65.0 | 0.5.5 |
| | | | ses (Part IX, co | | | | | | | 664, | | | ,355. |
| | | | es. Add lines 1 | • | | • | | | | 2,696, | | | ,551. |
| | | Revenue less | expenses. Sul | btract line 1 | 8 from line | 12 | | | | -264, | 293. | | <u>,908.</u> |
| 9 0 | | | | | | | | | | ng of Curre | | End of Yo | |
| Net Assets or Fund Balances | 20 | | (Part X, line 16 | • | | | | | | 1,011, | | 3,972 | |
| t As | 21 | Total liabilitie | s (Part X, line | 26) | | | | | | 261, | 586. | 232 | ,329. |
| έĒ | 22 | Net assets or | fund balances | . Subtract li | ine 21 from | line 20 | | | 3 | 3,749, | 743. | 3,740 | ,292. |
| Pa | ırt II | Signatur | e Block | | | | | | | | | | |
| Unde | er penalt | ties of perjury, I de | eclare that I have ex | amined this reti | urn, including ac | companying sch | edules and staten | nents, and to the | ne best of m | ny knowledge | e and beli | ef, it is true, correc | t, and |
| com | plete. De | eclaration of prepa | erer (other than office | er) is based on | all information | of which prepare | r has any knowled | ige. | | | | | |
| | | | | | | | | | | | | | |
| Sig | n | Signature of | officer | | | | | | Date | | | | |
| He | re | MARK I | HENNENFENT | 1 | | | | TI | REASUF | RER | | | |
| | | | name and title | | | | | | | | | | |
| _ | | Print/Type p | reparer's name | | Preparer's sig | nature | | Date | | Check | X if | PTIN | |
| Pa | id | JILL E | RRANCH | | JILL BI | RANCH | | 5/13/ | 25 | self-employ | | P00727664 | Į |
| | ıa epare | | | & COLE, | LLP | | | J/ ±J/ | | SS. Citipio | , | 100121004 | <u>. </u> |
| He | e On | 1 | | | | COIImii | מודשה ססי | <u> </u> | | Firm's FIN | ٥٢ | _2076560 | |
| US | - OII | Firm's addre | | | DEL RIO | SUUTH, | SUITE 20 | U | | Firm's EIN | | -2076568 | |
| D 4 | , 11- : " | DC 4: '' | | IEGO, C | | | matic | | | Phone no. | | .294.7200 | |
| ivia | y tne II | ko aiscuss th | is return with t | ne preparer | snown abo | ve? See inst | ructions | | | | | . X Yes | No |

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses 1,836,699.

BAA

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Χ | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | 8 | Х | |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Х | |
| b | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments – program related in Pa t X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI" | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Fart X line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial sta ements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued | | | |
| 15 | at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a tomore than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | X |
| 18 | column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, | 17 | 77 | Х |
| 19 | lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| | complete Schedule G, Part III. | 19 | | X |
| ∠ua | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Λ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

| | | | Yes | No |
|-------|---|-----|-------|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. | 25a | | X |
| 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? <i>If "Yes," complete Schedule L, Part l</i> | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | Х |
| | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or folinder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," cor iplete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in nonc sh commutions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historica becasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | Х |
| 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? <i>If "Yes," complete Schedule R, Part I.</i> | 33 | | Х |
| 34 | 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 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI.</i> | 37 | | Х |
| | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | V 1 | . NI - |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| D A A | (gambling) winnings to prize winners? | 1c | 990 / | (0000 |

Form 990 (2023) SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

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

| | | | 162 | 110 | | | | | | |
|----|--|-----|-----|-----|--|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 70 | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Χ | | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i> | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5с | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | | | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| 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 | X | | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х | | | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | 3.7 | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? | 7f | | Х | | | | | | |
| | If the organization received a contribution of qualified intellectual property, did ne organization file Form 8899 as required? | 7g | | | | | | | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a dor or advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funder | | | | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | |
| | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | ısa | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would | 17 | | | | | | | | |
| | result in the imposition of an excise tax under section 4951, 4952, or 4953? | ., | | | | | | | | |

233-3232

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and address s on Schedule O...... 9 **Section B. Policies** (This Section B requests information are ut policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?... 10a Χ b If "Yes," did the organization have written policies and procedures gover; in the articulties of such chapters, affiliates, and branches to ensure their 10b 11a Has the organization provided a complete copy of this Form 990 to all menuers of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

TREASURER 1650 EL PRADO STE 207A SAN DIEGO CA 92101 (619)

MARK HENNENFENT

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| | | | | ((| ;) | | | | · | |
|---------------------------------|---|------|----------------|---------------|-------------------|--------------------------|----|---|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unle: er an | heck ss pe | rson i lirecto | this Highest compensated | an | (D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) MICHAEL REMSON | 40 | | | • | | | | 140 858 | | 10 856 |
| CEO | 0 | | | 77 | \vdash | | | 143,757. | 0. | 13,756. |
| (2) SAMEER PATEL MUSIC DIRECTOR | $-\frac{40}{0}$ | | | X | | Х | | 104,991. | 0. | 20,030. |
| | $-\frac{1}{0}$ | X | | | | | | 0. | 0. | 0. |
| (4) MARK HENNENFENT | 1 | | | | | | | | | <u> </u> |
| TREASURER | 0 | Х | | Χ | | | | 0. | 0. | 0. |
| (5) ED FRANQUI | 1 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (6) PHIL BICKLEY | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (7) REGINA BUCKLEY | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (8) SUE GREENWAY | 11 | | | | | | | | | |
| PAST CHAIR | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (9) DIANE LAW | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (10) JULIEN WILLARD | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (11) MARILYN LINDBERG | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (12) MADOKA NADAHARA | 0.5 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (13) STACIE YOUNG | 0.5 | | | | | | | | | |
| SECRETARY | 0 | X | | Χ | | | | 0. | 0. | 0. |
| (14) DAVID SARKARIA | 1 | | | | | | | | | - |
| VICE CHAIR | 0 | X | | Χ | | | | 0. | 0. | 0. |

| Part | VII Section A. Officers, Directors, Tru | istees, i | Ney | Em | | oye C) | es, | and | a Hignest Com | ipensated Empi | oyees | S (cont | inued) |
|---|---|---|--------------------|-----------------|----------------|---------------------------------|----------------------------------|-------------|--|--|----------------|---|-------------------|
| | (A) Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unles er and | Posi neck i | ition more rson irecto | than control Highest compensated | an ee) | (D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC) | compe the c | (F) ated am of other insation rganiza d relate anizatio | from tion d |
| | REG_STARMACK | 1 | Х | | | | 8. | | 0. | 0. | | | 0. |
| (16) J | OHN LIPSEY HAIRMAN | 2 | X | | Х | | | | 0. | 0. | | | 0. |
| (17) A | NGELO ARIAS TICE CHAIR | 1 | X | | X | | | | 0. | 0. | | | 0. |
| (18) | | | | | 21 | | | | 0. | 0. | | | <u> </u> |
| <u>(19)</u> | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | 1 | | | | | | | |
| (23) | | | | | 7 | | | | | | | | |
| (24) | | | (| | | | | | | | | | |
| (25) | | (| J | | , | | | | | | | | |
| | ubtotal | | | | | | | | 248,748. | 0. | | 33, | 786. |
| | otal from continuation sheets to Part VII, Section | | | | | | | | 0. | 0. | | | 0. |
| | otal (add lines 1b and 1c)otal number of individuals (including but not limited | | | | | | | | 248,748. | 0. | oncatio | 33, | 786. |
| | om the organization 2 | to those i | isteu | abuv | ve) (| WIIO | recer | veu | more man \$100,00 | o of reportable comp | ensalio | 11 | |
| | | | | | | | | | | | | Yes | No |
| 3 Di or | id the organization list any former officer, direct n line 1a? <i>If "Yes,"complete Schedule J for sucl</i> | tor, truste h <i>individu</i> | e, ke <i>al</i> | ey er | mplo | oyee | e, or | high | nest compensated | employee | . 3 | | X |
| th | or any individual listed on line 1a, is the sum of e organization and related organizations greate uch individual | r than \$1 | 50,0 | 00? | If " | Yes, | " cor | nple | ete Schedule J for | | 4 | Х | |
| 5 Di | d any person listed on line 1a receive or accruer r services rendered to the organization? If "Yes | e compen | satio | n fro | om | anv | unre | late | ed organization or | individual | | | X |
| | on B. Independent Contractors | and the state of | | -1 4 | | -1 | -1 | H | | ¢100 000 -f | | | |
| CO | omplete this table for your five highest compens ompensation from the organization. Report compens | sated indesation for | epen the c | alent | dar j | ntra year | endi | tna ng v | vith or within the or | ganization's tax year | | | |
| (A) Name and business address (B) Description of services Com | | | | | | | | | Compe | C) ensatio | on | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | otal number of independent contractors (including b | ut not limi | ited t | o tho | se I | iste | d abo | ve) | uho received more | than | | | |

| | | Check if Schedule O contains a response or note to ar | ny line in this Part V | III | | |
|---|----------------------------------|--|------------------------|--|---|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a b c d e f g | Federated campaigns | | | | |
| | | Business Code | 1,373,317. | | | |
| Je J | 2a | TUITION & FEES 711190 | 501,192. | 501,192. | | |
| æ | b | TICKETS & CONTRACTS 711190 | 443,875. | 443,875. | | |
| ž. | С | | | | | |
| Se | d | | | | | |
| ja J | e | All other program service revenue | | | | |
| Program Service Revenue | q | T. I. A. I. I. I. O. O. | 945,067. | | | |
| <u>н</u> | 3 | Investment income (including dividends, interest, and | 943,007. | | | |
| | 3 | other similar amounts) | 45,728. | | | 45,728. |
| | 4 | Income from investment of tax-exempt bond proceeds | 4 | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents 6a | | | | |
| | | Less: rental expenses 6b | | | | |
| | | Rental income or (loss) 6c | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from (i) Securities (ii) Other | | | | |
| | | sales of assets other than inventory 7a | - | | | |
| | b | Less: cost or other basis and sales expenses 7b | | | | |
| | | Gain or (loss) | - | | | |
| | | Net gain or (loss) | | | | |
| ğ | 8a | Gross income from fundraising events (not including \$ 221,231. | | | | |
| Other Revenu | | of contributions reported on line 1c). | | | | |
| F | h | See Part IV, line 18 8a 27,417 Less: direct expenses 8b 67,086 | 4 | | | |
| ¥ | | Less: direct expenses 8b 67,086. Net income or (loss) from fundraising events | -39,669. | | | -39,669. |
| Ų | | Gross income from gaming activities. | 39,009. | | | 39,009. |
| | h | See Part IV, line 19 9a Less: direct expenses 9b | - | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | | | | | | |
| | Iva | Gross sales of inventory, less returns and allowances | | | | |
| | | Less: cost of goods sold | | | | |
| | С | Net income or (loss) from sales of inventory | | | | |
| SES . | 112 | Business Code | | | | |
| 질 | 11a b c d | | | | | |
| <u>ela</u> ¥e | С | | | | | |
| Miscellaneous Revenue | d | All other revenue | | | | |
| Σ | е | Total. Add lines 11a-11d | | | | |
| | 12 | Total revenue. See instructions | 2,524,643. | 945,067. | 0. | 6,059. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a re | sponse or note to any | | | |
|----|---|-----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 7b, 8b, 9b, 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 | | | 3 | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 150,033. | 37,508. | 60,013. | 52,512. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 1,763,093. | 1,373,481. | 150,530. | 239,082. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,703,033. | 1,373,401. | 130,330. | 233,002. |
| 9 | Other employee benefits | 42,952. | 8,151. | 13,224. | 21,577. |
| 10 | Payroll taxes | 147,118. | 108,504. | 16,191. | 22,423. |
| 11 | Fees for services (nonemployees): | | | | • |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) | | * | | |
| 12 | Advertising and promotion | 18,974. | 10,769. | 990. | 7,215. |
| 13 | Office expenses | | | | |
| 14 | Information technology | 290,603. | 74,300. | 164,641. | 51,662. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 92,854. | 48,113. | 20,721. | 24,020. |
| 17 | Travel | 20,889. | 12,216. | 5,103. | 3,570. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 26,935. | 10,495. | 16,080. | 360. |
| 20 | Interest | · | · | · | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,275. | 8,333. | 2,942. | |
| 23 | Insurance | 26,791. | | 26,791. | |
| 24 | Other expenses. Itemize expenses not covered 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.) | | | | |
| а | ROYALTIES, RIGHTS & REPRODUCT | 68,418. | 66,792. | 175. | 1,451. |
| b | PRODUCTION & EVENT COSTS | 39,857. | 39,360. | 449. | 48. |
| С | | 31,220. | 23,360. | 7,400. | 460. |
| d | | 15,325. | 1,219. | 13,403. | 703. |
| • | All other expenses. | 16,214. | 14,098. | 2,116. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,762,551. | 1,836,699. | 500,769. | 425,083. |
| 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). | | | | |

| | | Check if Schedule O contains a response or note to | o any lin | e in this Part X | | | |
|----------------------------|----|---|----------------------------------|-------------------------------|---------------------------------|------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing | | | 78,723. | 1 | 43,736. |
| | 2 | Savings and temporary cash investments | | | 121,574. | 2 | 2,195. |
| | 3 | Pledges and grants receivable, net | | | 286,538. | 3 | 150,486. |
| | 4 | Accounts receivable, net | | | 44,318. | 4 | 293,839. |
| | 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe | er office I contribi rsons | er, director, utor, or 35% | | 5 | |
| | 6 | Loans and other receivables from other disqualified p | | H= | | , | |
| | 0 | section 4958(f)(1)), and persons described in section | , | ` | | 6 | |
| | 7 | Notes and loans receivable, net | | · · · · · | | 7 | |
| S | 8 | Inventories for sale or use | | _ | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | <u> </u> _ | 32,749. | 9 | 23,235. | |
| As | _ | • • | 1 1 | | 32,149. | , | 23,233. |
| , | | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | 513,448. | | | |
| | b | Less: accumulated depreciation | | 484,659. | 36,043. | 10c | 28,789. |
| | 11 | Investments — publicly traded securities | | - | 2,015,645. | 11 | 1,990,437. |
| | 12 | Investments — other securities. See Part IV, line 11 | | - | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11. | | <u> </u> | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | - | 1,395,739. | 15 | 1,439,904. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 4,011,329. | 16 | 3,972,621. |
| | 17 | Accounts payable and accrued expenses | | | 109,337. | 17 | 150,890. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 50,135. | 19 | 25,289. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ies | 21 | Escrow or custodial account liability. Complete Part | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former (f key employee, creator or founder, substantial contrib- controlled entity or family member of any of these pe | ficer dir tor or 3 | ector, trustee, 35% | | 22 | |
| ï | 23 | Secured mortgages and notes payable to unrelated the | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | - | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | 102,114. | 25 | 56,150. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 261,586. | 26 | 232,329. |
| ces | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | | X | = 0=7 000. | | 202,023. |
| an | 27 | Net assets without donor restrictions | | | 1,371,564. | 27 | 1,448,593. |
| Bal | 28 | Net assets with donor restrictions | | | 2,378,179. | 28 | 2,291,699. |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, che | | | 2,370,173. | | 2,231,033. |
| řΕ | | and complete lines 29 through 33. | | ļ | | 00 | |
| SO | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipm | | | 30 | | |
| As | 31 | Retained earnings, endowment, accumulated income | | | | 31 | |
| et | 32 | Total net assets or fund balances | | <u> </u> _ | 3,749,743. | 32 | 3,740,292. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 4,011,329. | 33 | 3,972,621. |
| - | | | | | | | |

| D | t VI Decembration of Net Accets | | -~ | | |
|----------|--|-----------|----|---------------|--------|
| Par | TXI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | 643. |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | 2 | | | 551. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 908. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 3, | | 743. |
| 5 | Net unrealized gains (losses) on investments. | 5 | | 249, | 070. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | -20, | 613. |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | 10 | 0 | | 000 |
| D | column (B)) | 10 | 3, | /40, | 292. |
| Pai | t XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | | | | |
| | on Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review | ed on a | | | |
| | separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | b X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | ate | | | |
| | basis, consolidated basis, or both. | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that as a mes it sponsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant? | t, | 2 | c X | |
| | | | | C A | - |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | Uniform | 1 | | |
| | Guidance, 2 C.F.R. Part 200, Subpart F? | | 3 | а | X |
| b | If "Yes," did the organization undergo the required audit or auans? If the organization did not undergo the required au | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> . | 3 | b | |
| BAA | TEEA0112L 08/23/23 | | Fo | rm 990 | (2023) |

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name o | Name of the organization Employer identification number | | | | | | | | | |
|--------|--|---|--|---------------------------------|-----------------------|--|--|--|--|--|
| SAN | DIEGO YOUTH SYMPHONY | Y & CONSERVATO | RY | | | 23-738094 | 3 | | | |
| | I Reason for Public Cha | | | | | | ctions. | | | |
| The c | rganization is not a private found | , | • | | • | • | | | | |
| 1 | A church, convention of church | | | • | b)(1)(A)(| (i). | | | | |
| 2 | A school described in sectio | | | | | | | | | |
| 3 | A hospital or a cooperative h | | | | | • • • | | | | |
| 4 | A medical research organiza | tion operated in conju | unction with a hospital of | describe | d in sec | ction 170(b)(1)(A)(iii). E | inter the hospital's | | | |
| _ | name, city, and state: | | | | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Co | the benefit of a colle emplete Part II.) | ge or university owned | or opera | ated by | a governmental unit de | escribed in | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 | An organization that normally r in section 170(b)(1)(A)(vi). | receives a substantial p Complete Part II.) | art of its support from a | governm | ental un | it or from the general pul | olic described | | | |
| 8 | A community trust described | in section 170(b)(1)(| A)(vi). (Complete Part I | l.) | | | | | | |
| 9 | An agricultural research organi or university or a non-land-gran | | | | | | | | | |
| | | | | | | | | | | |
| 10 | An organization that normall from activities related to its investment income and unre June 30, 1975. See section | exempt functions, sub lated business taxable | eject to certain exception | ns: and | (2) no r | more than 33-1/3% of i | ts support from gross | | | |
| 11 | An organization organized a | nd operated exclusive | ly to test for public safe | ety. See | section | n 509(a)(4). | | | | |
| 12 | An organization organized at or more publicly supported of lines 12a through 12d that do | rganizations describe | d in section 50₃(a)(1) d | r sectio | n 509(a |)(2). See section 509(a | ut the purposes of one)(3). Check the box on | | | |
| а | Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A | on operated, supervise gularly appoint or elect | | | | | the supported on. You must | | | |
| b | Type II. A supporting organize management of the supporting must complete Part IV, Sect | organization vested in | ontroned in connection the same persons that c | with its ontrol or | support manage | ted organization(s), by the supported organizat | having control or ion(s). You | | | |
| С. | Type III functionally integrated organization(s) (see instruction | ons). You must com p | olete Part IV, Sections | A, D, and | d E. | | | | | |
| d | Type III non-functionally integ functionally integrated. The cinstructions). You must com | organization generally | must satisfy a distribu | nection tion requ | with its s uiremen | supported organization(s t and an attentiveness |) that is not requirement (see | | | |
| е | Check this box if the organiz integrated, or Type III non-fu | inctionally integrated | supporting organizatior | ١. | | | - | | | |
| f | Enter the number of supported | • | | | | | | | | |
| g | Provide the following information i) Name of supported organization | T about the supported | organization(s). | | | (A) Amount of monotony | (vi) Amount of other | | | |
| , | ny ivanie of supported organization | (11) EIIN | (described on lines 1-10 above (see instructions)) | organizat in your g docur | overning | (v) Amount of monetary support (see instructions) | support (see instructions) | | | |
| | | | | Yes | No | | | | | |
| | | | | | - | | | | | |
| (A) | | | | | | | | | | |
| | | | | | | | | | | |
| (B) | | | | | | | | | | |
| | | | | | | | | | | |
| (C) | <u>)</u> | | | | | | | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| Total | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | · · · · · · · · · · · · · · · · · · · | | | |
|--------------|---|--|---------------------------------------|---------------------------------------|---------------------|----------------------|------------------|
| Cale begi | ndar year (or fiscal year nning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | 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 | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | | | 1 | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | R | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | C | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | _ |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second | , third, fourth, or f | fifth tax year as a | section 501(c)(3) | |
| Sec | tion C. Computation of Pul | olic Support P | 'ercentage | | | | |
| | Public support percentage for 20 | • | | | - | | % |
| 15 | Public support percentage from 2 | 2022 Schedule A, | Part II, line 14. | | | 15 | % |
| 16a | 33-1/3% support test—2023. If the and stop here. The organization | ne organization di qualifies as a pul | id not check the lolicly supported of | box on line 13, an organization | d line 14 is 33-1/3 | 3% or more, check | this box |
| b | 33-1/3% support test—2022. If th and stop here. The organization | e organization did qualifies as a pu | d not check a box blicly supported | x on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or more, cl | heck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts- | meets the facts-a | nd-circumstance | s test, check this | box and stop here | e. Explain in Part \ | /I how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-a | nd-circumstance | s test, check this | box and stop here | Explain in Part \ | /I how the |
| 18 | Private foundation. If the organiz | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | tructions |

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

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

| Sec | tion A. Public Support | | | | | | |
|-----|--|-------------------------|---|-----------------------|-----------------------|---------------------|------------|
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1.019.397. | 1.587.560. | 2.082.329. | 1,229,863. | 1.573.517 | 7,492,666. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 669,269. | 482,986. | 769,431. | | 945,067 | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | 009,209. | 402,900. | 709,431. | 929, 102. | 943,007 | |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,688,666. | 2,070,546. | 2,851,760. | | 2,518,584 | |
| 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 | 224,866. | 287,677. | 545,131. | 442,790. | 366,537 | |
| _ | for the year | 0. | 0. | 0. | 0. | | 0. |
| | | 224,866. | 287,677. | 545,131. | 442,790. | 366,537 | 1,867,001. |
| | Public support. (Subtract line 7c from line 6.)tion B. Total Support | | | <u> </u> | | | 9,422,200. |
| | • | (a) 2019 | (I) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | dar year (or fiscal year beginning in) Amounts from line 6 | 1,688,666. | 2,070 546. | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 45,526. | 46,190. | 2,851,760. 38,705. | 2,159,645. 49,638. | 2,518,584 45,728 | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | · | | | | 0. |
| | Add lines 10a and 10b | 45,526. | 46,190. | 38,705. | 49,638. | 45,728 | 225,787. |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | 128,321. | 163,424. | 222,721. | | 514,466. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI | 609. | 797. | 329. | 520. | | 2,255. |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | 2,432,524. | 2,564,312 | |
| 14 | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second, | third, fourth, or f | ifth tax year as a | section 501(c)(| 3) |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | | • | | • | | |
| | Public support percentage from 2 | | | | | 16 | 80.53 % |
| Sec | tion D. Computation of Inv | | | | | | |
| 17 | Investment income percentage f | | | | | | 1.00 |
| 18 | Investment income percentage f | | | | | <u> </u> | 2.00 |
| | 33-1/3% support tests—2023. If is not more than 33-1/3%, check 33-1/3% support tests—2022. If t | this box and sto | p here. The orgar | nization qualifies a | as a publicly supp | orted organizat | ionX |
| | line 18 is not more than 33-1/3% Private foundation. If the organization | , check this box a | and stop here. Th | e organization qu | alifies as a public | ly supported or | ganization |
| | | | | | | | |

Page 4

SAN DIEGO YOUTH SYMPHONY & CONSERVATORY 23-7380943

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|----|--|-----|-----|----|
| 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. | 1 | | |
| 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). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organization, during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the part of the supported organization added, substituted, or removed; (ii) the part of the supported organization organization document authority under the organization organizing document authority under the organization organizing document authority under the organization organization organization organization. | 5a | | |
| 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? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| 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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 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. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on 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. | 9с | | |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| 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.) | 10b | | |

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

| Pa | t IV Supporting Organizations (continued) | | | | | |
|-----|--|--------|---------|-----|--|--|
| | | | Yes | No | | |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | | | |
| ā | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | | | | |
| t | A family member of a person described on line 11a above? | 11b | | | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | | | |
| Sec | tion B. Type I Supporting Organizations | | | | | |
| | Did the control back when the first the control back of the contro | | Yes | No | | |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers | | | | | |
| | during the tax year. | 1 | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | | | |
| _ | | _ | | | | |
| Sec | tion C. Type II Supporting Organizations | | V | | | |
| | | | Yes | No | | |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | | | |
| _ | | • | | | | |
| Sec | tion D. All Type III Supporting Organizations | | Yes | No | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 163 | INO | | |
| | organization's tax year, (i) a written notice describing the type and a ount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | | | |
| 2 | organization(s), or (ii) serving on the governing body of a sup orted organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | | | |
| 3 | Duvescen of the veletionship described on line 2, should did the execute time a supervised execute the execute the execute time. | | | | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at | | | | | |
| | all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | | | |
| | | | | | | |
| i | The organization satisfied the Activities Test. Complete line 2 below. | | | | | |
| | 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 governmental entity (see | instru | ıction: | s). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No | | |
| i | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted | | | | | |
| | substantially all of its activities. | 2a | | | | |
| ı | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | | | |
| i | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | | | |
| I | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | | | |

23-7380943 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

| | instructions. All other Type III non-functionally integrated supporting organization | ns mus | t complete Sections A | through E. |
|-----|--|--------|-----------------------|--------------------------------|
| Sec | tion A — Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | tion 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): | | | |
| | Average monthly value of securities | 1a | | |
| ŀ | Average monthly cash balances | 1b | | |
| (| Fair market value of other non-exempt-use assets | 1c | | |
| (| 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 0.015 of line 3 (for greate, amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

BAA Schedule A (Form 990) 2023

8

9

in Part VI). See instructions.

9 Distributable amount for 2023 from Section C, line 6

| Pai | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|-----|--|--|--|--|--|--|--|
| Sec | Section D - Distributions | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes 1 | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations 3 | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets 4 | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 5 | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | |

8 Distributions to attentive supported organizations to which the organization is responsive (provide details

| 10 Line 8 amount divided by line 9 amount | | 10 | |
|---|--------------------------------|--|---|
| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |
| DAA | | <u> </u> | -l- A (Farms 000) 2022 |

BAA Schedule A (Form 990) 2023

Page 8

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.)

PART III, LINE 12 - OTHER INCOME

| NATURE AND SOURCE | | 2023 | | | 2022 | | 2021 | _ | 2020 | | 2019 |
|-------------------|-------|------|----|----------|--------------|-----------------|--------------|----------|--------------|----------|--------------|
| OTHER INCOME | TOTAL | \$ | 0. | \$ \$ | 520. 520. | <u>\$</u> \$ | 329. 329. | \$ \$ | 797. 797. | \$ \$ | 609. 609. |



SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| SAN | N DIEGO YOUTH SYMPHONY & CONSERVATORY | 23-7380943 |
|-----|--|---|
| Pai | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | · |) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advis are the organization's property, subject to the organization's exclusive legal control? | ed funds Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit? | used only conferring Yes No |
| Pai | Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | storically important land area |
| | Protection of natural habitat | rtified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons | servation easement on the |
| | last day of the tax year. | |
| | | Held at the End of the Tax Year |
| | a Total number of conservation easements | |
| | Total acreage restricted by conservation easements | |
| | Number of conservation easements on a certified historic str cture included on line 2a | |
| (| d Number of conservation easements included on line 2c .cquireu after July 25, 2006, and not on a historic structure listed in the National Register | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | ation during the |
| J | tax year | ation daming the |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of v | iolations, |
| | and enforcement of the conservation easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ements during the year |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes t conservation easements. | statement and balance sheet, and he organization's accounting for |
| Pai | Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | Similar Assets |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furthera Part XIII the text of the footnote to its financial statements that describes these items. | nd balance sheet works of art, nce of public service, provide in |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and laborated historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p following amounts relating to these items. | ublic service, provide the |
| | (i) Revenue included on Form 990, Part VIII, line 1. | \$ |
| | (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X | \$ |
| 2 | | |
| | Revenue included on Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990, Part X | \$ 821 274 |

| Part III Organizations Maintaining | Collection | is of Art, mist | orical freasures, | or Other Similar As | seis (COI | mnueu) | | | |
|--|---|--|---------------------------------------|------------------------------|-------------|-------------|--|--|--|
| 3 Using the organization's acquisition, accessitems (check all that apply). | on, and other | records, check any | of the following that m | ake significant use of its | collection | | | | |
| a Public exhibition | | d X Loan or | exchange program | | | | | | |
| b Scholarly research | | e Other | | | | | | | |
| c Preservation for future generations | | | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. SEE PART XIII | | | | | | | | | |
| 5 During the year, did the organization soli to be sold to raise funds rather than to be | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| Part IV Escrow and Custodial Arr | angements | , , , , , , , , , , , , , , , , , , , | 000 D 1 1 / 1 | 0 1 1 | | | | | |
| Complete if the organization Form 990, Part X, line 21. | n answere | d "Yes" on Foi | m 990, Part IV, II | ne 9, or reported a | n amoun | on | | | |
| 1a Is the organization an agent, trustee, cus on Form 990, Part X? | todian, or oth | ner intermediary fo | or contributions or oth | er assets not included | Yes | No | | | |
| b If "Yes," explain the arrangement in Part XII | | | | | 163 | INO | | | |
| b ii res, explain the arrangement iii i art XII | r and complete | c the following table | | | Amount | | | | |
| c Beginning balance | | | | | , unounc | | | | |
| d Additions during the year | | | | | | | | | |
| e Distributions during the year | | | | | | | | | |
| f Ending balance | | | | 1f | | | | | |
| 2a Did the organization include an amount of | n Form 990, | Part X, line 21, fo | r escrow or custodial | account liability? | Yes | No | | | |
| b If "Yes," explain the arrangement in Part | XIII. Check h | nere if the explana | ition has been provide | ed in Part XIII | | | | | |
| Part V Endowment Funds | | | | | | | | | |
| Part V Endowment Funds Complete if the organization | n answere | d "Yes" on For | m 990 Part IV li | ne 10 | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | + | | | | |
| | urrent year | (b) Prior year | (c) Two years back | <u> </u> | | ears back | | | |
| | 013,099. | 1,774,67 | | | | 6,580. | | | |
| b Contributions | 59,176. | <u>96,0</u> 3 | 76,353 | 83,229. | 4 | 7,700. | | | |
| c Net investment earnings, gains, and losses | 278,181. | 227 83 | 7319,283 | 1. 447,737. | 1 | 4,814. | | | |
| d Grants or scholarships | | | | | | | | | |
| e Other expenditures for facilities | 00 716 | 05 50 | 7,000 | CF 002 | _ | 0 670 | | | |
| and programs | 90,716. | 85,50 | 6. 76,898 | 65,893. | 5 | 9,670. | | | |
| · | 250 740 | 2 012 00 | 0 1 774 67 | 1 2 004 407 | 1 (2 | 0 404 | | | |
| 2 Provide the estimated percentage of the | 259,740. | 2,013,099 | | | 1,62 | 9,424. | | | |
| a Board designated or quasi-endowment | , | • | rg, coluinin (a)) nelu | as. | | | | | |
| b Permanent endowment 69. | | <u>.00</u> % | | | | | | | |
| c Term endowment 1.00 % | <u>00</u> ° | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c sho | ould equal 100 | % | | | | | | | |
| | · | | | | | | | | |
| 3a Are there endowment funds not in the posse organization by: | ession of the o | rganization that are | held and administered | for the | Ye | s No | | | |
| (i) Unrelated organizations? | | | | | 3a(i) X | | | | |
| (ii) Related organizations? | | | | | 3a(ii) | X | | | |
| b If "Yes" on line 3a(ii), are the related org | | | | | 3b | | | | |
| 4 Describe in Part XIII the intended uses of | | | | | | | | | |
| Part VI Land, Buildings, and Equi | | | OLL TIME | 1 71111 | | | | | |
| Complete if the organization answ | • | Form 990, Part IV | , line 11a. See Form 9 | 90, Part X, line 10. | | | | | |
| Description of property | (a) Cost | or other basis vestment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | value | | | |
| 1a Land | ` | | 340.0 (34101) | 30p. 30141011 | | | | | |
| b Buildings | | | | | | | | | |
| c Leasehold improvements | | | 315,891. | 304,323. | | 11,568. | | | |
| d Equipment | | | 59,892. | 58,239. | - | 1,653. | | | |
| e Other | | | 137,665. | 122,097. | 1 | L5,568. | | | |
| Total. Add lines 1a through 1e. (Column (d) ma | | m 990, Part X. line | | 122,037. | | 28,789. | | | |
| BAA | | , | , | | ule D (Form | | | | |

TEEA3302L 07/20/23

| Part VII | | · Other Securities | n Form 990 Part IV lino | N/A e 11b. See Form 990, Part X, line 12. | |
|---------------------------------|-----------------------------|--|----------------------------------|---|--------------------------------|
| (a) Descri | | ganization answered Tes Of ory (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | end-of-vear market value |
| | | | (B) Book value | (C) Mothod of Valuation. Gost of C | ma or your market value |
| | | | | | |
| (3) Other | | | | | |
| - | | | | | |
| (A) (B) (C) (D) (E) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total (Colum | on (b) must squal Form 00 | 0, Part X, line 12, column (B)) | | | |
| Part VIII | | | | N/A | |
| Fart VIII | Complete if the ord | anization answered "Yes" o | n Form 990, Part IV, line | N/A e 11c. See Form 990, Part X, line 13. | |
| | (a) Description of in | ivestment | (b) Book value | (c) Method of valuation: Cost or | end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | - | | |
| (8) | | | | | |
| (10) | | | | | |
| | n (b) must eaual Form 99 | 0, Part X, line 13, column (B)) | | | |
| Part IX | Other Assets | | | | |
| | Complete if the org | | | e 11d. See Form 990, Part X, line 15. | (h) Doole value |
| (1) RFNE | FTCTAL TNTED | EST IN SAN DIEGO | esciption EDN | | (b) Book value 284,691. |
| | | NDER UNITRUST | 1 DIV | | 271,759. |
| (3) DEPC | | | | | 4,705. |
| | CAL INSTRUME | | | | 821,274. |
| | T OF USE ASS | <u>et</u> | | | 57,475. |
| (6) | | | | | |
| (7) (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Colu | ımn (b) must equal i | Form 990, Part X, line 15, o | column (B)) | | 1,439,904. |
| Part X | Other Liabilitie | S | | | |
| - | Complete if the org | | | e 11e or 11f. See Form 990, Part X, li | |
| 1. (1) Feder: | al income taxes | (a) Desc | ription of liability | | (b) Book value |
| | ATING LEASE | I.TABTI.TTY | | | 56,150. |
| (3) | | | | | 33/2331 |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| - | mn (b) must equal F | orm 990, Part X, line 25, c | column (B)) | | 56,150. |
| 2. Liability for | uncertain tax positions. In | Part XIII, provide the text of the fo | ootnote to the organization's fi | inancial statements that reports the organizati | ion's liability for uncertain |
| tax positions un | nder FASB ASC 740. Check | k here if the text of the footnote ha | s been provided in Part XIII. | | SEE PART XIII X |

BAA

| Part X | Reconciliation of Revenue per Audited Financial Statements With Revenue | e per Returi | 1 |
|---|---|------------------------|-----------------------|
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | |
| 1 To | otal revenue, gains, and other support per audited financial statements | 1 | 2,838,836. |
| 2 An | mounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Ne | et unrealized gains (losses) on investments | 9,070. | |
| b Do | onated services and use of facilities | 3,650. | |
| c Re | ecoveries of prior year grants | | |
| d Ot | ther (Describe in Part XIII.) SEE PART XIII 2d 67 | 7,086. | |
| e Ad | dd lines 2a through 2d | 2e | 334,806. |
| 3 Su | ubtract line 2e from line 1 | 3 | 2,504,030. |
| 4 An | mounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Inv | vestment expenses not included on Form 990, Part VIII, line 7b 4a 20 | ,613. | |
| b Ot | ther (Describe in Part XIII.) 4b | | |
| c Ad | dd lines 4a and 4b | 4c | 20,613. |
| 5 To | otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5 | 2,524,643. |
| Part X | · · · · · · · · · · · · · · · · · · · | | ırn |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | |
| 1 To | otal expenses and losses per audited financial statements | | |
| • • | tal expenses and leedee per dualited interioral elateriorite | 1 | 2,848,287. |
| 2 An | mounts included on line 1 but not on Form 990, Part IX, line 25: | | 2,848,287. |
| | mounts included on line 1 but not on Form 990, Part IX, line 25: | | 2,848,287. |
| a Do | mounts included on line 1 but not on Form 990, Part IX, line 25: | 3,650. | 2,848,287. |
| a Do b Pr c Ot | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | | 2,848,287. |
| a Do b Pr c Ot | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | | 2,848,287. |
| a Dob Prc Otd Ot | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 3,650. 7,086. | |
| a Dob Prc Otd Ote Ad | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 3,650. 7,086. | 85,736. |
| a Do b Pr c Ot d Ot e Ad 3 Su 4 An | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 3,650. 7,086. | |
| a Do b Pr c Ot d Ot e Ad 3 Su 4 An a Inv | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 3,650. 7,086. | 85,736. |
| a Do b Pr c Ot d Ot e Ad 3 Su 4 An a Inv b Ot | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 7,086. 2e | 85,736. 2,762,551. |
| a Do b Pr c Ot d Ot e Ad 3 Su 4 An a Inv b Ot c Ad | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 3,650. 7,086. 2e | 85,736. 2,762,551. |
| a Do b Pr c Ot d Ot e Ad 3 Su 4 An a Inv b Ot c Ad 5 To | mounts included on line 1 but not on Form 990, Part IX, line 25: conated services and use of facilities | 3,650. 7,086. 2e | 85,736. 2,762,551. |

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

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

SDYS HAS A COLLECTION OF MUSICAL INSTRUMENTS (THE "COLLECTION") THAT THEY HAVE
PURCHASED OR HAVE RECEIVED AS DONATIONS. IF PURCHASED, ITEMS ACCESSIONED INTO THE
COLLECTION ARE CAPITALIZED AT COST, AND IF DONATED, THEY ARE CAPITALIZED AT FAIR
VALUE ON THE ACCESSION DATE, THE DATE ON WHICH THE ITEM IS ACCEPTED BY SDYS. GAINS OR
LOSSES ON THE DEACCESSION OF THE COLLECTION ARE CLASSIFIED IN THE STATEMENTS OF
ACTIVITIES AS WITH DONOR RESTRICTIONS OR WITHOUT DONOR RESTRICTIONS, DEPENDING ON

DONOR RESTRICTIONS, IF ANY, PLACED ON THE ITEM AT THE TIME OF ACCESSION. AS A MATTER

BAA

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE (C OF POLICY, ANY PROCEEDS FROM THE SALE OF MUSICAL INSTRUMENTS ARE USED FOR ANY PURPOSE THAT ADVANCES SDYS'S MISSION.

ACCESSION OF MUSICAL INSTRUMENTS TO THE COLLECTION TOTALED \$67,583 AND \$44,268 FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, RESPECTIVELY. DEACCESSION OF MUSICAL INSTRUMENTS FROM THE COLLECTION TOTALED \$5,881 AND \$17,342 DURING THE YEARS ENDED JUNE 30, 2024 AND 2023, RESPECTIVELY, RESULTING IN A LOSS ON DISPOSAL OF \$5,881 AND \$17,342 FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, RESPECTIVELY. COSTS INCURRED IN CONNECTION WITH THE ACQUISITION AND CONSERVATION OF THE COLLECTION ARE EXPENSED IN THE PERIOD INCURRED. THE COLLECTION TOTALED \$821,274 AND \$759,572 AT JUNE 30, 2024 AND 2023, RESPECTIVELY.

SDYS MAINTAINS THIS COLLECTION OF MUSIC'I INSTRUMENTS TO LOAN OUT TO CHILDREN IN THE PROGRAM WHO CAN NOT AFFORD THEIR OWN INSTRUMENT.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

SDYS'S SPENDING POLICY IN REGARD TO THESE FUNDS IS TO DISBURSE THEM FOR THEIR RESTRICTED PURPOSE TO MEET THE CURRENT PROGRAM NEEDS OF SDYS.

SDYS'S SPENDING POLICY IS TO ALLOCATE 5% OF THE \$100,000 THRESHOLD BELOW THE COMBINED VALUE OF THE BOARD DESIGNATED ENDOWMENT FUNDS PLUS THE GENERAL ENDOWMENT FUNDS AS RECORDED ON SDYS'S BOOKS. THE SPENDING ALLOCATION IS RECORDED ANNUALLY AT THE CLOSE OF THE FISCAL YEAR AND IS CALCULATED BASED ON THE DECEMBER 31 VALUES OF THE FUNDS.

SAN DIEGO YOUTH SYMPHONY'S ANNUAL SCHOLARSHIP FUND PROVIDES STUDENTS WITH NEED AND MERIT BASED SCHOLARSHIPS, SPONSORED PRIVATE LESSONS, ACCESS TO INSTRUMENTS AND SHEET MUSIC, FREE CONCERT TICKETS FOR SIBLINGS AND FAMILIES OF MUSICIANS IN NEED AND OTHER SERVICES TO SUPPORT THEIR PURSUIT OF MUSICAL EXCELLENCE.

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE

SDYS BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

| SPECIAL EVENT | EXPENSES | \$ 67,086. |
|---------------|----------|---------------|
| | TOTAL | \$ 67,086. |
| | | |

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

| SPECIAL EVENT EXPENSES | \$ 67,086. |
|------------------------|---------------|
| TOTAL | \$ 67,086. |



SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2002

Open to Public Inspection

| Name of the organization | | | | | | Employer identifica | ation number |
|---|--------------------------------------|----------------------------|---------------------------|-----------------------------|------------|----------------------------|-------------------------------|
| SAN DIEGO YOUTH SYMPHONY | | | | | | 23-738094 | 3 |
| Part I Fundraising Activities. Comple Form 990-EZ filers are not re | te if the organiza quired to comp | ation answe lete this p | ered "Yes" art. | on Form 990, Part IV, lir | ie 17. | | |
| 1 Indicate whether the organization | raised funds thi | rough any | of the foll | owing activities. Check | all that | apply. | _ |
| a Mail solicitations | | | е | Solicitation of non- | governr | nent grants | |
| b Internet and email solicitations | 5 | | f | Solicitation of gove | rnment | grants | |
| c Phone solicitations | | | g | X Special fundraising | events | | |
| d In-person solicitations | | | | <u> </u> | | | |
| 2a Did the organization have a written o | r oral agreement | t with any i | ndividual (| including officers, directo | rs, truste | ees, or key | |
| employees listed in Form 990, Par | t VII) or entity | in connéct | ion with p | rofessional fundraising | sérvice | s? | Yes X No |
| b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the | iduals or entities | (fundraise | ers) pursua | int to agreements under v | vhich the | fundraiser is to | be |
| Compensated at least \$5,000 by the | ie organization. | · 1 | | Τ | | | T |
| (i) Name and address of individual | (ii) A otivity | (iii) Did | fundraiser | (iv) Gross receipts | (v) Ar | nount paid to retained by) | (vi) Amount paid to |
| or entity (fundraiser) | (ii) Activity | have custod | ly or control butions? | from activity | fundr | aiser listed in | (or retained by) organization |
| | | | T | | С | olumn (i) | organization |
| | | Yes | No | | | | |
| 1 | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| 2 | | | | | | | |
| | | | | 4 | | | |
| 3 | | | | | | | |
| 3 | | | | | | | |
| | | | |) | | | |
| 4 | | | | | | | |
| • | | | | | | | |
| | | | 1 | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 9 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10 | | | | | | | |
| | | | | | | | |
| Total | | | | | | | 0 |
| Total3 List all states in which the organization | | | | nontributions or has been | notified | it is exempt from | 0. |
| or licensing. | on is registered t | or necriseu | to solicit t | onanbadons of has been | nouncu | it is exempt from | riogistration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| a) | | | (a) Event #1 ENCORE GALA (event type) | (b) Event #2 | (c) Other events NONE (total number) | (d) Total events (add column (a) through column (c)) |
|-----------------|----------|--|---------------------------------------|---|---------------------------------------|--|
| Revenue | 1 | Gross receipts | 248,648. | | | 248,648. |
| æ | 2 | Less: Contributions | 221,231. | | | 221,231. |
| | 3 | Gross income (line 1 minus line 2) | 27,417. | | | 27,417. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| nses | 6 | Rent/facility costs | 8,959. | | | 8,959. |
| Direct Expenses | 7 | Food and beverages | 22,164. | | | 22,164. |
| irect | 8 | Entertainment | 369. | | | 369. |
| | 9 | Other direct expenses | 35,594. | | | 35,594. |
| | 10 11 | Direct expense summary. Add lines 4 thrones income summary. Subtract line 10 from | | | | . , |
| Par | t III | Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin | tion answered "Ye | s" on Form 990, Pa | art IV, line 19, or re | |
| Revenue | | | (a) Bingo | Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| Re | 1 | Gross revenue | _0 | | | |
| ses | 2 | Cash prizes | 0 | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| irect | 4 | Rent/facility costs | | | | |
| Δ | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes% | Yes% | |
| | 7 | Direct expense summary. Add lines 2 thr | ough 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract li | ne 7 from line 1, colum | ın (d) | | |
| а | Is th | er the state(s) in which the organization cone organization licensed to conduct gaming lo," explain: | g activities in each of th | nese states? | | |
| | | e any of the organization's gaming license 'es," explain: | | | | |

| Sche | edule G (Form 990) 2023 SAN DIEGO YOUTH SYMPHONY & CONSERVATORY 2 | 3-738 | 0943 | Page 3 |
|------|---|--------------------|-----------------------|--------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 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 | No |
| 13 | Indicate the percentage of gaming activity conducted in: | 1 1 | | |
| a | a The organization's facility. | 13a | | % |
| | b An outside facility | | | 00 |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and record | s: | | |
| | Name | | | |
| | Address | | | |
| ŀ | a Does the organization have a contract with a third party from whom the organization receives gaming reven by If "Yes," enter the amount of gaming revenue received by the organization \$ and to of gaming revenue retained by the third party \$ to If "Yes," enter name and address of the third party: | ue? he amou | | No |
| | Name | | | |
| | Address | | | i — — — — |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation \$ | | | |
| | Description of services provided | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| ā | a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | Yes | □No |
| ł | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year \$ | | 1es | |
| Par | Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide are information. | olumns ny addit | (iii) and (v ional | v); |

F information. See instructions.

Schedule G (Form 990) 2023 BAA TEEA3703L 06/08/23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

23-7380943 SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence | | Yes | No |
|---|----|-----|----|
| First-class or charter travel Housing allowance or residence for personal use | | | |
| | | | |
| Travel for companions | | | |
| Travel for companions | | | |
| Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| X Compensation committee Written employment contract | | | |
| Independent compensation consultant | | | |
| Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section λ, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment | 4a | | Х |
| b Participate in or receive payment from a supplemental nonquelified retirement plan? | | | Χ |
| c Participate in or receive payment from an equity-based 'compensation arrangement? | 4c | | Х |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | | X |
| b Any related organization? | 5b | | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | 6a | | X |
| b Any related organization? | 6b | | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | | Х |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | _ |

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 a | nd/or 1099-MISC and/o | r 1099-NEC compensatio | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation | |
|--------------------|------|------------------------|-------------------------------------|---|---|--------------------------------|---------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | benefits | columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| MICHAEL REMSON | (i) | 143,757. | 0. | 0. | 0. | 13,756. | 157,513. | 0. |
| 1 CEO | (ii) | 0. | 0. | 0. | $\overline{0}$. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | T | | T | 1 |
| | (i) | | | | | | L | |
| 4 | (ii) | | | | | | | |
| | (i) | | | 1 | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | (| | | | | |
| 0 | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| - 3 | (ii) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | + | | | |
| ·· | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | + | | | | † | 1 |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | T | 1 |
| | (i) | | | | | | L <u></u> | |
| 16 | (ii) | | | | | | | |
| DA 4 | | | TEE 4 41 001 07 (0) | 0.100 | | | • • • • • • • • • • • • • • • • • • • | L /E 000\ 0000 |

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

Employer identification number 23-7380943

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FOR NEARLY 80 YEARS, SAN DIEGO YOUTH SYMPHONY AND CONSERVATORY (SDYS), DBA KEYNOTE,
HAS SERVED AS A CATALYST FOR INVESTING IN THE FUTURE OF THOUSANDS OF YOUNG SAN
DIEGANS THROUGH THE STUDY AND PERFORMANCE OF MUSIC. THROUGH KEYNOTE'S FLAGSHIP YOUTH
ORCHESTRA PROGRAM IN BALBOA PARK (SDYS), ITS COMMUNITY ENGAGEMENT PROJECTS ACROSS
SAN DIEGO (THE OPUS PROJECT), AND ITS EARLY CHILDHOOD MUSIC CURRICULUM (CHIMES AND
MUSIC DISCOVERY), KEYNOTE IS BECOMING SAN DIEGO'S MOST COMPREHENSIVE PROVIDER OF
'CRADLE-TO-COLLEGE' MUSIC EDUCATION PROGRAMS, AND IS A NATIONAL LEADER IN INNOVATIVE
COMMUNITY ENGAGEMENT, SERVING THOUSANDS OF YOUNG MUSICIANS AND THEIR FAMILIES EACH
YEAR. AT SDYS AND KEYNOTE, WE BELIEVE THAT MUSIC IS A VEHICLE FOR GIVING YOUNG
PEOPLE THE SOCIAL, EMOTIONAL, AND ACADEMIC SKILLS THAT TRANSCEND TRADITIONAL
EDUCATIONAL MODELS AND PREPARE THEM TO ENTIR A 21ST CENTURY WORKFORCE. WE RESPECT
EVERY YOUNG PERSON WHO TAKES PART IN OUR PROGRAMS, AND CELEBRATE THEIR
ACCOMPLISHMENTS AS MUSICIANS, AS MEMBERS OF OUR COMMUNITY, AND AS FUTURE LEADERS, IN
SAN DIEGO AND ACROSS THE NATION.

MISSION | VISION | VALUES

MISSION

SAN DIEGO YOUTH SYMPHONY INSTILLS EXCELLENCE IN MUSICAL ACHIEVEMENT AND PERSONAL GROWTH THROUGH RIGOROUS AND INSPIRING MUSIC EDUCATION EXPERIENCES.

VISION

LIVES ENRICHED BY MUSIC.

Schedule O (Form 990) 2023 Page 2

Name of the organization

SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

Employer identification number
23-7380943

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

IN ITS WORK WITH YOUNG MUSICIANS ACROSS SAN DIEGO COUNTY, SDYS EMBRACES THE FOLLOWING VALUES:

- COMMITMENT
- CREATIVITY
- EQUITY
- COLLABORATION
- SERVICE

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SAN DIEGO YOUTH SYMPHONY (SDYS)

SAN DIEGO YOUTH SYMPHONY IS THE FLAGSHIP OF KEYNOTE'S MUSIC EDUCATION PROGRAMS AND,
FOR NEARLY EIGHTY YEARS, HAS OFFERED ITS YOUTH ORCHESTRA PROGRAMS IN BALBOA PARK FOR
YOUNG MUSICIANS, FROM BEGINNING THROUG! AD'ANCED LEVELS. BUILT ON FOUR LEVELS OF
INSTRUCTION IN TWELVE ENSEMBLES, SDIS FEATURES WEEKLY REHEARSALS AND ANNUAL
PERFORMANCE OPPORTUNITIES. TO FOCUS ON THE "WHOLE MUSICIAN," SDYS EXTENSION PROGRAMS
ALSO OFFER OPPORTUNITIES TO PARTICIPATE IN CHAMBER MUSIC, CONCERTO COMPETITIONS,
MUSIC THEORY AND COMPOSITION PROGRAMS, INDIVIDUAL AND GROUP LESSONS, STUDENT
MENTORING OPPORTUNITIES, AND MORE. IN 2025, SDYS REINTRODUCED THE SDYS JAZZ PROGRAM,
OFFERING TWO ENSEMBLES FOR INTERMEDIATE AND ADVANCED LEVEL JAZZ STUDENTS. IN 2026,
SDYS WILL COMPLETE ITS CURRICULUM WITH BEGINNING WIND, BRASS AND PERCUSSION PROGRAMS
THAT WILL BETTER BRIDGE OUR EARLY CHILDHOOD CURRICULUM TO THE ENSEMBLE PROGRAM.

COMMUNITY ENGAGEMENT: THE OPUS PROJECT

WE ARE COMMITTED TO GIVING EVERY YOUNG PERSON ACROSS SAN DIEGO THE OPPORTUNITY TO RECEIVE QUALITY IN-SCHOOL MUSIC EDUCATION. AS SUCH, WE COLLABORATE WITH LOCAL

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SCHOOLS, FEEDER PATTERNS, AND SCHOOL DISTRICTS TO RESTORE, ENHANCE, AND STRENGTHEN IN-SCHOOL MUSIC PROGRAMS AND ARTS-RICH ENVIRONMENTS. WITH ON-SITE ACCESS FOR EVERY STUDENT AS THE ULTIMATE GOAL, WE LAUNCHED THE OPUS PROJECT IN 2010 IN PARTNERSHIP WITH THE CHULA VISTA ELEMENTARY SCHOOL DISTRICT (CVESD). IN 2015, THE SUCCESS OF THIS PROGRAM RESULTED IN A LANDMARK \$15M COMMITMENT TO BRINGING ARTS TEACHERS TO EVERY CAMPUS. TODAY, THE OPUS PROJECT CONTINUES TO THRIVE AND WE ARE NOW REPLICATING, ADAPTING AND EXPANDING THIS PROGRAM WITH THE SAN DIEGO UNIFIED AND SANTEE SCHOOL DISTRICTS. IN ADDITION TO THE OPUS PROJECT, WE ALSO OFFER LIMITED ASSISTANCE TO SCHOOLS THROUGH COMMUNITY PARTNERSHIP PROJECTS, THROUGH A PROGRAM KNOWN AS OPUS CONNECT, TO SUPPORT MUSIC EDUCATION EFFORTS IN ELEMENTARY, MIDDLE AND HIGH SCHOOLS ACROSS THE COUNTY.

EARLY CHILDHOOD: CHIMES AND MUSIC DISCOVER!

SDYS SUPPORTS THE CRITICAL FIRST PHASE OF CHILDREN'S GROWTH FROM BIRTH TO AGE SEVEN WITH PROGRAMS THAT PROMOTE EXTENDED LEARNING AT HOME, SUPPORT FAMILY BONDING, AND PAVE THE WAY FOR FUTURE MUSICAL INSTRUCTION AND ACHIEVEMENT. CHIMES IS THE FIRST STEP OF THIS CURRICULUM. BY ENCOURAGING ENSEMBLE-BASED LEARNING FROM AGES 0-5, WE PROMOTE STRONGER PRO-SOCIAL SKILLS, IMPROVED SPEECH AND LANGUAGE DEVELOPMENT, SCHOOL PREPARATION, AND ENSURE THAT CHILDREN FROM ALL BACKGROUNDS HAVE ACCESS TO QUALITY MUSIC PROGRAMS. THE NEXT PROGRAM IN OUR CURRICULUM, MUSIC DISCOVERY, FOR CHILDREN AGES 5-7, TURNS THE PLAY-BASED LEARNING OF CHIMES INTO ENSEMBLE-BASED MUSIC LITERACY CLASSES WHERE CHILDREN ARE INTRODUCED TO THE INSTRUMENT FAMILIES OF THE ORCHESTRA AND, OVER THE COURSE OF THE TWO-YEAR PROGRAM, SELECT THE INSTRUMENT THEY WILL ULTIMATELY PURSUE IN AN SDYS ENSEMBLE.

Name of the organization

SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

23-7380943

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ADVOCACY, OUTREACH AND SERVICE

KEYNOTE CONTINUES TO WORK THROUGHOUT SAN DIEGO COUNTY TO ENSURE QUALITY ACCESS TO MUSIC EDUCATION, AND TO EDUCATE OUR AUDIENCES ABOUT CLASSICAL MUSIC. OUR STUDENTS PARTICIPATE IN A VARIETY OF COMMUNITY PERFORMANCES, AS WELL AS NUMEROUS EVENTS IN BALBOA PARK. WE ALSO COLLABORATE WITH MULTIPLE PARTNERS TO GATHER AND ANALYZE DATA WITH REGARD TO STUDENT LEARNING AND ACHIEVEMENT THROUGH MUSIC. WE PARTNER WITH SCHOOLS AND SCHOOL DISTRICTS ACROSS THE COUNTY TO EXPLORE THE EFFECTS OF MUSIC ON CHILDREN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS E-MAILED TO ALL DIRECTORS. THE DIFECTORS REVIEW AND E-MAIL ANY QUESTIONS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MODITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THEIR

TWO-YEAR TERM AND ANNUALLY THEREAFTER. THESE ARE REVIEWED AND CONFIRMED THAT ALL

BOARD MEMBERS SIGNED OFF, THEN FILED IN EACH INDIVIDUAL BOARD MEMBER'S FILE. ALL

OFFICERS ARE ALSO REQUIRED TO SIGN THE DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AFTER LOOKING AT CURRENT COMPARATIVE SALARY SURVEYS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS LAST FORM 990, ANNUAL REPORT, AND AUDITED FINANCIAL

STATEMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

THE ORGANIZATION ALSO USES WWW.GUIDESTAR.ORG TO DISCLOSE ITS FORM 990.

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number 23-7380943

| SAN | N DIEGO YOUTH SYMP | HONY & CONS | SERVATORY | | | | 23- | -7380943 | | | | | |
|-----------------|---|---|--|---------------------------------------|----------------|----------------------|----------|-----------------------------------|--|--|--|--|--|
| | ess or activity to which this form relate | es | | | | | | | | | | | |
| | RM 990/990-PF | | | | | | | | | | | | |
| Par | Election To Exp Note: If you have an | ense Certain I ly listed property, | Property Under Sec complete Part V before | ction 179 e you complete Pa | art I. | | | | | | | | |
| 1 | Maximum amount (see inst | | 1 | | | | | | | | | | |
| 2 | Total cost of section 179 pr | cost of section 179 property placed in service (see instructions) | | | | | | | | | | | |
| 3 | Threshold cost of section 1 | 79 property befor | | 3 | | | | | | | | | |
| 4 | Reduction in limitation. Sub | | | | | | 4 | | | | | | |
| 5 | Dollar limitation for tax year | | | | | | | | | | | | |
| | separately, see instructions | S | | (b) Cost (business | | (c) Elected cost | 5 | | | | | | |
| 6 | (a) ¹ | : | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 7 | Listed property. Enter the a | | | | | | | | | | | | |
| 8 | Total elected cost of sectio | | | | | | 8 | | | | | | |
| 9 | Tentative deduction. Enter | | | | | | 9 | | | | | | |
| 10 | Carryover of disallowed dec | | - | | | | 10 11 | | | | | | |
| 11 12 | Business income limitation Section 179 expense deduc | | | | | | 12 | | | | | | |
| 13 | Carryover of disallowed dec | | | | | | 12 | | | | | | |
| | : Don't use Part II or Part III | | | | . 13 | | | | | | | | |
| Par | | | ce and Other Depre | | المامينامما | into al munamantu. C | | w.atiana \ | | | | | |
| | | | | | | | ee msu | ructions.) | | | | | |
| 14 | Special depreciation allows | | | | | | 14 | | | | | | |
| 15 | tax year. See instructions. | ee instructions | | | | | | | | | | | |
| 15 | Property subject to section | 168(f)(1) election | 1 | | | | 15 | 11 075 | | | | | |
| 16 | Other depreciation (including | | 16 | 11,275. | | | | | | | | | |
| Par | TIII MACRS Deprec | iation (Don't ind | clude listed properly Sa | | | | | | | | | | |
| | | | Section | | | | | | | | | | |
| 17 | MACRS deductions for asset | | | | | | 17 | | | | | | |
| 18 | If you are electing to group asset accounts, check here | any assets place | ed in service during the | tax year into one | or more | general | | | | | | | |
| | Section B | Assets Placed | in Service During 2023 | Tax Year Using t | he Gene | ral Depreciation | Systen | n | | | | | |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convent | tion (f) Method | | (g) Depreciation deduction | | | | | |
| 19 a | 3-year property | | | | | | | | | | | | |
| | 5-year property | | | | | | | | | | | | |
| | 7-year property | | | | | | | | | | | | |
| | 10-year property | | | | | | | | | | | | |
| | 15-year property | | | | | | | | | | | | |
| | 20-year property | | | | | | | | | | | | |
| | 25-year property | | | 25 yrs | | S/L | | | | | | | |
| | Residential rental | | | 27.5 yrs | MM | | | | | | | | |
| • | property | | | 27.5 yrs | MM | | | | | | | | |
| | Nonresidential real | | | 39 yrs | MM | | | | | | | | |
| • | | | | JJ YIS | MM | | | | | | | | |
| | property | Accets Placed in | Service During 2023 T | av Vear Heing th | | | n Svete | | | | | | |
| 20 - | Class life | A33Ct3 Tiaccu II | Service Burning 2023 1 | ax rear osing th | Aiterne | S/L | ii Oysii | - 1111 | | | | | |
| | | | | 12 yrs | | S/L | | | | | | | |
| | 12-year | | | 30 yrs | MM | | - | | | | | | |
| | 20 4004 | | | | ı (V) (V) | . ј 5/ Г | 1 | | | | | | |
| | 30-year | | | | | | | | | | | | |
| | 1 40-year | almialia N | | 40 yrs | MM | | | | | | | | |
| Par | t IV Summary (See in | | | | | S/L | 21 | | | | | | |
| Par 21 | t IV Summary (See in Listed property. Enter amo | unt from line 28. | | 40 yrs | MM | S/L | 21 | | | | | | |
| Par 21 22 | t IV Summary (See in | unt from line 28 . , lines 14 through 17, n. Partnerships and S | lines 19 and 20 in column (g), corporations — see instruction | 40 yrs and line 21. Enter her | MM | S/L | 21 22 | 11,275. | | | | | |

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| | you are going to make an electronic funds with t instructions. | drawal (direct | debit) with this Form 8868, see Form 8 | 3453-TE | and Form 8879-TE |
|--|---|--|--|------------------------------|---------------------------------|
| All corporat use Form 7 | tions required to file an income tax return other 004 to request an extension of time to file inco | than Form 99 me tax returns | 0-T (including 1120-C filers), partnersh | ips, REI | MICs, and trusts must |
| Part I – I | dentification | | | | |
| | Name of exempt organization, employer, or other filer, see | instructions. | | Taxpay | ver identification number (TIN) |
| Type or | | | | | |
| Print | SAN DIEGO YOUTH SYMPHONY & O | CONSERVATO | PRY | 23- | 7380943 |
| File by the | Number, street, and room or suite number. If a P.O. box, se | | | 120 | |
| due date for | 1650 EL PRADO 207A | | | | |
| filing your return. See | City, town or post office, state, and ZIP code. For a foreign | address, see instru | ctions. | | |
| instructions. | SAN DIEGO, CA 92101 | | | | |
| | · | | | | |
| Enter the R | eturn Code for the return that this application i | s for (file a sep | parate application for each return) | | 01 |
| Application | on Is For | Return | Application Is For | | Return |
| Form 000 | or Form 990-EZ | Code 01 | - 4700 (W W W W W W W W W W W W W W W W W W | | Code |
| | | | Form 4720 (other than individual) | | 09 |
| | 0 (individual) | 03 | Form 5227 | | 10 |
| Form 990 | | 04 | Form 6069 | | 11 |
| | -T (section 401(a) or 408(a) trust) | 05 | Fori 1 8870 | | 12 |
| | -T (trust other than above) | 06 | 5330 (individual) | | 13 |
| | -T (corporation) | 07 | r orm 5330 (other than individual) | | 14 |
| Form 104 | | 90 | | | |
| - | ou enter your Return Code, complete either Par file Form 5330. | t II or Part III. | Part III, including signature, is applica | ole only | for an extension of |
| PI PI | pplication is for an extension of time to file For an Namean Numberan Year Ending (MM/DD/YYYY) | | nust enter the following information. | | |
| | Automatic Extension of Time To File | for Exempt | Organizations (see instructions | :) | |
| TelephoIf the orIf this is check the | oks are in the care of MARK HENNENFENT, Tone No. (619) 233-3232 rganization does not have an office or place of sor a Group Return, enter the organization's for box | Fax No business in the our-digit Group | . e United States, check this box | If this is | for the whole group, |
| the or \(\sum \text{X} t\) | est an automatic 6-month extension of time unganization named above. The extension is for calendar year 20 or ax year beginning | the organizatio | | anizatio inal retu | |
| 3a If this | application is for Forms 990-PF, 990-T, 4720, fundable credits. See instructions | | | . 3a | \$ 0. |
| | application is for Forms 990-PF, 990-T, 4720, ayments made. Include any prior year overpayr | | | . 3b | \$ 0. |
| c Balan | ice due. Subtract line 3b from line 3a. Include y S (Electronic Federal Tax Payment System). S | our payment v | vith this form, if required, by using | 3c | s n |

6/30/24

2023 CALIFORNIA BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 99114

SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

23-7380943

| NO. FORM | DESCRIPTION 199 | DATE _ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179/ SDA | PRIOR 179/ SDA/ DEPR. | _METHOD_ | LIFE. | CURRENT DEPR. |
|-------------|-----------------------------|-------------------|--------------|----------------|--------------|--------------------|--------------------------------|----------|-------|------------------|
| FUF | NITURE AND FIXTURES | | | | | | | | | |
| 3 | FURNITURE & FIXTURES | VARIOUS | | 131,303 | | | 113,677 | S/L | 7 | 6,936 |
| 4 | COMPUTER EQUIPMENT | 4/20/23 | | 4,031 | | | 1,127 | S/L | 5 | 274 |
| 6 | CABINET | 4/24/24 | | 2,331 | | | | S/L | 7 | 83 |
| | TOTAL FURNITURE AND FIXTURE | | | 137,665 | | 0 | 114,804 | | | 7,293 |
| IMP | PROVEMENTS | | | | | | | | | |
| 1 | TENANT IMPROVEMENTS | VARIOUS | | 315,891 | | | 301,381 | S/L | 7 | 2,942 |
| | TOTAL IMPROVEMENTS | | | 315,891 | | 0 | 301,381 | | | 2,942 |
| MA | CHINERY AND EQUIPMENT | | | | 1 | | | | | |
| 2 | MUSIC EQUIPMENT | VARIOUS | | F0,Z1 | 1 | | 57,199 | S/L | 5 | 730 |
| 5 | DELL SERVER | 8/17/23 | | 1,591 | | | | S/L | 5 | 310 |
| | TOTAL MACHINERY AND EQUIPME | | | 59,892 | | 0 | 57,199 | | | 1,040 |
| | TOTAL DEPRECIATION | | | 513,448 | | 0 | 473,384 | | = | 11,275 |
| | GRAND TOTAL DEPRECIATION | | | 513,448 | | 0 | 473,384 | | = | 11,275 |

6/30/24

2023 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 99114

SAN DIEGO YOUTH SYMPHONY & CONSERVATORY

23-7380943

| NO | DESCRIPTION | DATE <u>ACQUIRED</u> | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE <u>RATE</u> | CURRENT DEPR. |
|----------|-------------------------|-------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------------------|------------------|
| FORM 199 | | | | | | | | | | | | | | | |
| FURNITUR | RE AND FIXTURES | | | | | | | | | | | | | | |
| 3 FURNI | TURE & FIXTURES | VARIOUS | | 131,303 | | | | | | | 131,303 | 113,677 | S/L | 7 | 6,93 |
| 4 COMP | UTER EQUIPMENT | 4/20/23 | | 4,031 | | | | | | | 4,031 | 1,127 | S/L | 5 | 27 |
| 6 CABIN | IET | 4/24/24 | | 2,331 | <u>.</u> | | | | | | 2,331 | | S/L | 7 | 8 |
| TOTAL | L FURNITURE AND FIXTURE | | | 137,665 | | 0 | 0 | (|) (| 0 | 137,665 | 114,804 | | | 7,29 |
| IMPROVE | MENTS | | | | | | | 4 | | | | | | | |
| 1 TENAN | NT IMPROVEMENTS | VARIOUS | | 315,891 | | | | | _, , | | 315,891 | 301,381 | S/L | 7 | 2,94 |
| TOTAL | L IMPROVEMENTS | | | 315,891 | | U | - 0 | (|) (| 0 | 315,891 | 301,381 | | | 2,94 |
| MACHINE | RY AND EQUIPMENT | | | | | | | | | | | | | | |
| 2 MUSIC | C EQUIPMENT | VARIOUS | | 58,201 | | | | | | | 58,201 | 57,199 | S/L | 5 | 73 |
| 5 DELL | SERVER | 8/17/23 | | 1,691 | <u>.</u> | | | | | | 1,691 | | S/L | 5 | 310 |
| TOTAI | L MACHINERY AND EQUIPME | | | 59,892 | | 0 | 0 | (|) (| 0 | 59,892 | 57,199 | | | 1,040 |
| TOTAI | L DEPRECIATION | | | 513,448 | : | 0 | 0 | |) (| 0 | 513,448 | 473,384 | | | 11,27 |
| GRANI | O TOTAL DEPRECIATION | | | 513,448 | | 0 | 0 | (|) (|) 0 | 513,448 | 473,384 | | | 11,27! |