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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

JUL 1, 2016

b Open to Public Inspection

OMB No. 1545-0047

and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FLORIDA SCHOOL MUSIC ASSOCIATION, INC. Name change 52-2092192 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (850)878-6844402 OFFICE PLAZA termin-ated 438,417. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return TALLAHASSEE, FL 32301 H(a) Is this a group return Applica-F Name and address of principal officer: KATHLEEN D. Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► FSMA.FLMUSICED.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1997 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FLORIDA Activities & Governance SCHOOL MUSIC ASSOCIATION IS TO PROVIDE LEADERSHIP, ADVOCACY, AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 32 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 412,403. 352,120. Contributions and grants (Part VIII, line 1h) Revenue 22,963. 22,882. Program service revenue (Part VIII, line 2g) 6,887. 3,132. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 381,970. 438,417. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 387,278. 360,268. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 360,268. 387,278. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,139. 21,702. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 464,371. 386,002. 20 Total assets (Part X, line 16) 161,436. 186,259. 21 Total liabilities (Part X, line 26) 224,566. 278,112. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed BOB POWELL BOB POWELL 10/31/17 P00005498 Paid Firm's name JAMES MOORE & CO., P.L. 59-3204548 Preparer Firm's EIN ▶ Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 Use Only TALLAHASSEE, FL 32308-4386 Phone no. 850 - 386 - 6184 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

| Pai | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | |
|-----------|---|------------------------|
| 1 | Briefly describe the organization's mission: | <u></u> |
| • | THE MISSION OF THE FLORIDA SCHOOL MUSIC ASSOCIATION IS TO PROVE | IDE |
| | LEADERSHIP, ADVOCACY, AND SERVICES FOR SCHOOL MUSIC PROGRAMS II | Ŋ |
| | SUPPORT OF QUALITY MUSIC EDUCATION EXPERIENCES FOR STUDENTS. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others. | |
| | revenue, if any, for each program service reported. | cperises, and |
| 4а | (Code:) (Expenses \$ 315, 162 • including grants of \$) (Revenue \$ | 22,882.) |
| | IN ACCOMPLISHING ITS PURPOSE, THE FOLLOWING AREAS ARE OF IMPORT | |
| | THE HIGHEST QUALITY MUSIC PERFORMANCE ASSESSMENTS AVAILABLE IN | THE |
| | NATION AND CONTINUAL EVALUATION FOR THE QUALITY OF THE MPA EXP | ERIENCE; |
| | 2) CULTIVATING EXCELLENCE OF FLORIDA MUSIC PROGRAMS FOR ALL ST | |
| | 3) MODELS FOR AND TOOLS TO RECOGNIZE BEST PRACTICES IN EXCELLED | |
| | PROGRAMS; AND 4) EVENTS SANCTIONED BY FSMA SHALL BE SAFE AND F | |
| | RESPONSIBLE, PROVIDE EQUITY IN ADJUDICATION ACROSS THE STATE, | AND |
| | PROVIDE STUDENT ACCESS TO PROGRAMS. | |
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| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| | / Code / (Expenses v including grains of v / (nevenue v | , |
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| 4c | (Code:) (Expenses \$ |) |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| <u>4e</u> | Total program service expenses ▶ 315,162. | |
| | | Form 990 (2016) |

Form 990 (2016) FLORIDA SCHO Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------------|--|------------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | v | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | ^ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | Х |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 3 | | 21 |
| 4 | 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 | | | |
| 3 | 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 | | | |
| Ū | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Part III | 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 temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | 7.7 |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | Х |
| لہ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 114 | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | | X |
| e f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | TIE | | |
| ' | the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 1 <u>_</u> u | 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 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 77 |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 7.7 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G, Part III | 19 | | X |

Form 990 (2016) FLORIDA SCHOOL MUS Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|--|------------|-----|----------------|
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | l |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | ١,, |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | \ v |
| 0.4 | Schedule J | 23 | | X |
| 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 | 04- | | x |
| L | Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | ^ |
| | | 240 | | <u> </u> |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| А | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | \vdash |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | <u> </u> |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | l x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | ٦, |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ┝┷ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 00 | | x |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | ^ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| OZ. | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u></u> |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 7.7 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | 1 |

Form 990 (2016) FLORIDA SCHOOL MUSIC ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | Ш |
|-----|--|----------|------------------------|----------|-------------------------------|-------|
| | | ı | 1 2 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | | | v | |
| 0- | (gambling) winnings to prize winners? | i | | 1c | X | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 0 | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | Oh | | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax retu Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions | | | 2b | | |
| 22 | | | | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | 35 | | |
| Tu | financial account in a foreign country (such as a bank account, securities account, or other financial | | | 4a | | x |
| b | If "Yes," enter the name of the foreign country: | aoooa | | 14 | | |
| ~ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accour | nts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did t | | | | | |
| | 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 contribu | tions o | r gifts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | 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 se | rvices p | provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | $ \label{eq:dispose} Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for which it were the dispose of tangible personal property for the dispose of tangible personal personal property for the dispose of tangible personal $ | | | | | l |
| | to file Form 8282? | 1 | | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| ^ | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | | 0- | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9a 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | T | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| | Enter the amount of reserves on hand | 13c | | | | |
| | | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | le O | | 14b | | |
| | | | | _ | $\Delta \Delta \Delta \Delta$ | 10010 |

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 in Schedule O. See instructions.

| | | | | X |
|-------------|--|---------|------|----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Λ |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | ļ | | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | Х | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| D | persons other than the governing body? | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 10 | | |
| | | 0. | Х | |
| a | The governing body? | 8a | X | |
| D | Each committee with authority to act on behalf of the governing body? | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | X |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Λ. |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | lou | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | | |
| 800 | exempt status with respect to such arrangements?tion C. Disclosure | 100 | | <u> </u> |
| | NAME OF THE PERSON OF THE PERS | | | |
| 17 | | | 1- | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the section of the sectio | avallab | ie | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | THE ORGANIZATION - (850)878-6844 | _ | | _ |
| | 402 OFFICE PLAZA, TALLAHASSEE, FL 32301 | | | |

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| The Check this box if neither the organization | nor any related | orga | aniza | ation | 100 | mpe | nsat | ed any current officer, of | director, or trustee. | |
|--|---------------------|----------------------|-----------------------|-------------|--------------|------------------------------|--------|----------------------------|-------------------------------|--------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average | (do | | Pos heck | | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensation | amount of |
| | week | _ | | <u> </u> | | 1 | | from the | from related organizations | other compensation |
| | (list any hours for | or director | | | | P | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | stee | | | ensate | | (W-2/1099-MISC) | (,) | organization |
| | organizations | trus | nal tru | | oyee | ompe | | | | and related |
| | below | In divid ual trustee | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | 빌 | lns | #5 | Ş. | en Hig | For | | | |
| (1) ANGELA HARTVIGSEN | 3.00 | ,, | | | | | | _ | _ | _ |
| BOARD MEMBER | 1 2 00 | Х | | | | | | 0. | 0. | 0. |
| (2) CRAIG COLLINS | 3.00 | ,, | | | | | | _ | _ | _ |
| BOARD MEMBER | 1 2 00 | Х | | | | | | 0. | 0. | 0. |
| (3) DR. KENNETH WILLIAMS | 3.00 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 3.00 | ^ | | | | | | 0. | 0. | 0. |
| (4) IAN SCHWINDT | 3.00 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (5) JASON JERALD | 3.00 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (6) JAYNE ELLSPERMANN | 3.00 | Δ | | | _ | | | 0. | 0. | • |
| PAST PRESIDENT | 3.00 | X | | x | | | | 0. | 0. | 0. |
| (7) JOIE CADLE | 3.00 | 25 | | | | | | • | 0. | • |
| BOARD MEMBER | 3.00 | x | | | | | | 0. | 0. | 0. |
| (8) LAURIE GAYLORD | 3.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (9) MICHAEL DYE | 3.00 | | | | | | | | | |
| PRESIDENT | | х | | х | | | | 0. | 0. | 0. |
| (10) SHERYL WEBSTER | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) STEVE FRAZIER | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) MARK SCOTT | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) LUCI HIGGINS | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) JANE GOODWIN | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) ROBERT VICARI | 3.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) CATHI LEIBINGER | 3.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| (17) KATHLEEN SANZ | 3.00 | - | | | | | | _ | _ | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 0. | 0. | 0. |

| | | | | | | | | ATTON, INC. | 52-20 | 9 Z I : | 7 4 P | age o |
|---|--|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------|--|---|----------|---|------------------|
| Part VII Section A. Officers, Directors, Trus | | ploy | ees | | | ighe | st (| | | | ——— | |
| (A) Name and title | (B) Average hours per week | box | not c | Pos heck ss pe | more rson | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimate amount other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS0 | C) | compensa from th organizat and relat organizati | e tion ted |
| | | | | 0 | × | 1 0 | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 0 | | |
| 1b Sub-total | | | | | | | | 0. | | 0. | | 0. |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | 0. |
| Total number of individuals (including but n compensation from the organization | | | | | | | | received more than \$100 | ,000 of reportable |) | | 0 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | uch individual | | | <i>.</i> | | | | | | : | 3 | х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sch | edule | J i | for such individual | | | 4 | Х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | | | | | - | - | | - | | | 5 | Х |
| Section B. Independent Contractors | picte dericaux | 0 1 | 01 30 | ici i | per | 3011 | | | | ···· ' | <u> </u> | |
| Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pensati | on from | |
| (A) Name and business | | | | | | | | (B) Description of s | ervices | Com | (C) npensatio | n |
| OFFICE PLAZA DRIVE, TALLE | | | | | | | | MANAGEMENT S | ERVICES | 2 | 225,0 | 00. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 390,331. **b** Membership dues 1b c Fundraising events d Related organizations 1d 22,072. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 412,403. h Total. Add lines 1a-1f .. **Business Code** 900099 22,882. 2 a MUSIC PERFORMANCE ASSE 22,882. Program Service Revenue С f All other program service revenue 22,882. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,132. 3,132. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b **d** All other revenue e Total. Add lines 11a-11d 438,417. 22,882. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundráisina 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 225,000. 191,250. 33,750. a Management 1,394. 246. 1,640. Legal 16,500. 16,500. Accounting 16,271. 13,830. 2,441. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 15,703. 2,355. 13,348. Office expenses 13 12,020. 10,217. 1,803. 14 Information technology 15 Royalties 6,000. 5,100. 900. 16 Occupancy 774. 658. 116. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 27,076. 23,015. 4,061. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 34,076. 28,965. 5,111. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMPONENT SUPPORT 32,218. 27,385. 4,833. С All other expenses е 387,278. 315,162. 72,116. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 166,772. 256,308. Cash - non-interest-bearing 1 78,173. 106,636. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 13,033. 0. 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 14,529. 12,105. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c 113,495. 89,322. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 386,002. 464,371. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 17 15,529. 17 Accounts payable and accrued expenses 18 18 Grants payable 61,593. 58,003. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 99,843. 112,727. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 186,259. 161,436. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 224,566. 27 278,112. Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 224,566. 278,112. Total net assets or fund balances 33 33 386,002. 464,371.

Total liabilities and net assets/fund balances

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FLORIDA SCHOOL MUSIC ASSOCIATION, 52-2092192 TNC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 Page 2

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 | ndar year (or fiscal year beginning in) 🖊 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | tion B. Total Support | | | | • | • | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | on 501(c)(3) | |
| | organization, check this box and stop | here | ····· | | | | <u></u> ▶□ |
| Sec | tion C. Computation of Publi | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2016 (li | | | | | 14 | % |
| 15 | Public support percentage from 2015 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2016. If the o | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2015. If the o | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | t - 2016. If the org | anization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | | | - | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances test | _ | | | | | |
| | more, and if the organization meets the | | | | - | | e |
| | organization meets the "facts-and-circ | | | | | | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | Sa, 16b, 17a, or 17 | b, check this box a | and see instructior | ns ▶∟ |

(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 b | elow, please comp | olete Part II.) | | | | |
|------|--|-----------------------|-----------------------|--------------------|----------|--------------------|------------|
| | tion A. Public Support | | | | • | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | 226 600 | 220 400 | 222 221 | 225 527 | 410 400 | 1720251 |
| | include any "unusual grants.") | 326,690. | 330,490. | 333,231. | 335,537. | 412,403. | 1738351. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 20,557. | 21,134. | 22,392. | 22,963. | 22,882. | 109,928. |
| 3 | Gross receipts from activities that | - | - | - | - | - | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 347,247. | 351,624. | 355,623. | 358,500. | 435,285. | 1848279. |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | 0. |
| С | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 1848279. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 347, 247. | (b) 2013 351,624. | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | 341,241. | 351,624. | 355,623. | 358,500. | 435,285. | 1848279. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 182. | 2,405. | 6,193. | 6,887. | 3,132. | 18,799. |
| h | Unrelated business taxable income | | | 7 - 2 - 3 | ., | 7 - 2 - 1 | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 182. | 2,405. | 6,193. | 6,887. | 3,132. | 18,799. |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | 3,253 | 7,001,0 | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 347,429. | 354,029. | 361,816. | 365,387. | 438,417. | 1867078. |
| | First five years. If the Form 990 is for | - | - | - | | - | |
| _ | | Ü | , , | , | | () () | ´ |
| Sec | tion C. Computation of Publ | | | | | | |
| | Public support percentage for 2016 (I | | | column (f)) | | 15 | 98.99 % |
| | Public support percentage from 2015 | | | | | 16 | 99.09 % |
| | tion D. Computation of Inves | | | | | • | |
| 17 | Investment income percentage for 20 | 16 (line 10c, colun | nn (f) divided by lir | ne 13, column (f)) | | 17 | 1.01 % |
| 18 | Investment income percentage from 2 | | | | | 18 | .91 % |
| | 33 1/3% support tests - 2016. If the | | | | | 3 1/3%, and line 1 | |
| | more than 33 1/3%, check this box a | | | | | | ▶ ▼ |
| b | 33 1/3% support tests - 2015. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | | | | | | adula A /Farm OO/ | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| | dule A (Form 990 or 990-EZ) 2016 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-20 Supporting Organizations (continued) | 9219 | 2 Pa | age 5 |
|-----|---|----------|------|-------|
| | Continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | 110 |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| - | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | 71 11 5 5 | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| 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 yea(see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions |). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Schedule A (Form 990 or 990-EZ) 2016 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 Page 6 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 organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c

| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
|-------------|---|------------------|--------------|
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | |
| | see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| <u> </u> | initiality to oct 7 title data (a.d.d. inito 3) | _ | |
| | tion C - Distributable Amount | | Current Year |
| | , | 1 | Current Year |
| | tion C - Distributable Amount | 1 2 | Current Year |
| Sec | tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | Current Year |
| Sec | tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 | 1 2 | Current Year |
| Sec 1 2 3 | Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) | 1 2 3 | Current Year |
| Sec 1 2 3 4 | Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 | 1 2 3 4 | Current Year |

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

1d

Schedule A (Form 990 or 990-EZ) 2016

d Total (add lines 1a, 1b, and 1c)

instructions).

e Discount claimed for blockage or other factors (explain in detail in Part VI): Schedule A (Form 990 or 990-EZ) 2016 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 Page 7

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| | 1 1 Type III North unctionally integrated 309 | (a)(o) Supporting Orga | arrizations (continued) | |
|-------|---|-------------------------------|--|---|
| Secti | on D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 9 | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

| Schedule A | (Form 990 or 990-EZ) 2016 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 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.) |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

52-2092192

| Organization type (check one): | | | | | | |
|---|---|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | on is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(any one contrib | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, EZ, line 1. Complete Parts I and II. | | | | | |
| year, total contr | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| year, contribution is checked, enter purpose. Don't o | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$\bigsim \bigsim \ | | | | | |
| but it must answer "No" | on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to get the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

52-2092192

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----------------------------|--|--|--|--|
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution | | | |
| 1 | STATE OF FLORIDA, DEPARTMENT OF STATE 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399 | \$\$ | Person Payroll X Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) | (b) | (c) | (d) | | | |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 140. | INAILIG, AUGI 635, AIIU ZIF T T | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

52-2092192

| Part II | Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. | | | | |
|------------------------------|---|--|------------------------------|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |
| | | _ * | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | | | | |
| | | <u> </u> | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | _ | | | |
| | | <u> </u> | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| Turti | | _ | | | |
| | | <u> </u> | | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | |
| | | _ | | | |
| | | | | | |
| 23453 10-18- | 40 | Schedule B (Form | 990, 990-EZ, or 990-PF) (201 | | |

Name of organization Employer identification number FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • 5 | Section 501(c)(4), (5), or (6) organizat | tions: Complete Part III. | | | |
|--------------------------|---|---|--|--|--|
| | e of organization FLORIDA | SCHOOL MUSIC ASS | OCIATION, I | NC. | ployer identification number $52-2092192$ |
| Pa | rt I-A Complete if the org | janization is exempt unde | r section 501(c) o | or is a section 527 | organization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | > | \$ |
| Pa | rt I-B Complete if the ord | janization is exempt unde | r section 501(c)(3 | 3). | |
| 1 2 3 4a b Pai 1 2 3 4 5 | Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made? If "Yes," describe in Part IV. rt I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were pre | incurred by the organization unde incurred by organization manager n 4955 tax, did it file Form 4720 for an analysis of tax and a second by the filing organization for sect ization's funds contributed to other. Add lines 1 and 2. Enter here an analysis of the filing organization for sect ization's funds contributed to other. 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid comptly and directly delivered to a | r section 4955 s under section 4955 or this year? r section 501(c), ion 527 exempt function or organizations for section for section 507 political organization for section 527 political organization organization for section 527 political organization for the filing organization organization for section 527 political organization for the filing organization organizat | except section 50 on activities ction 527 tical organizations to whation's funds. Also enternization, such as a separation. | \$ No Yes No No No Yes No No No Yes No |
| | political action committee (PAC). If (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | contributions received and |
| | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2016

| Schedule C (Form 990 or 990-EZ) 2016 | FLORIDA SCH | OOL MUSIC A | SSOCIATION, | INC. 52-2 | 092192 Page 2 |
|--|---|---|--|--|-----------------------------|
| Part II-A Complete if the org | ganization is exe | npt under sectio | n 501(c)(3) and fil | ed Form 5768 (el | ection under |
| | ation belongs to an affi | liated group (and list ir | n Part IV each affiliated | group member's nam | e, address, EIN, |
| | are of excess lobbying | • | | | , , |
| B Check ▶ ☐ if the filing organiza | ation checked box A ar | nd "limited control" pro | ovisions apply. | | |
| | its on Lobbying Expe ditures" means amou | |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infl | luence public opinion (| grass roots lobbying) | | 5,369. | |
| b Total lobbying expenditures to infl | | | | 10,902. | |
| c Total lobbying expenditures (add | lines 1a and 1b) | | | 16,271. | |
| d Other exempt purpose expenditur | res | | | 371,007. | |
| e Total exempt purpose expenditure | es (add lines 1c and 1d | l) | | 387,278. | |
| f Lobbying nontaxable amount. Ent | er the amount from the | e following table in bot | h columns. | 77,456. | |
| If the amount on line 1e, column (a) | or (b) is: The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,00 | | 0 plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,5 | | 0 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17 | | 0 plus 5% of the exce | ess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000, | 000. | | | |
| - Curaculata la catavalla a la culturat (a | nto: OFO(of line 16) | | | 19,364. | |
| g Grassroots nontaxable amount (eth Subtract line 1g from line 1a. If zet | <i>,</i> | | | 15,504. | |
| i Subtract line 1f from line 1c. If zer | | | | 0. | |
| j If there is an amount other than ze | | line 1i, did the organiz | | | |
| reporting section 4911 tax for this | | | | Γ | Yes No |
| (Some organizations t | 4-Year Ave hat made a section 5 | eraging Period Under 01(h) election do not | section 501(h) have to complete all | | |
| | <u>-</u> | ate instructions for li | | | |
| | Lobbying Exper | nditures During 4-Yea | ar Averaging Period | | 1 |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2a Lobbying nontaxable amount | 69,127. | 69,388. | 72,054. | 77,456. | 288,025. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 432,038. |
| c Total lobbying expenditures | 16,096. | 16,907. | 15,783. | 16,271. | 65,057. |
| d Grassroots nontaxable amount | 17,282. | 17,347. | 18,014. | 19,364. | 72,007. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 108,011. |

5,369. 21,468. Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

5,579.

5,208.

5,312.

Schedule C (Form 990 or 990-EZ) 2016 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (a | 1) | (k | b) |
|-------|--|----------------|----------------|------------|------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | | _ | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| С | Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | _ | |
| j | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | 504() | /=\ | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | on 501(c) | (5), or s | ection | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 5 | | | | |
| 1 | answered "Yes." Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | | | |
| С | | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Pai | t IV Supplemental Information | | | | |
| Prov | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II | -A, lines 1 | and 2 (see | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

Employer identification number 52-2092192

| Pa | rt I Organizations Maintaining Donor Adviso | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|----|--|---|---|
| | organization answered "Yes" on Form 990, Part IV, li | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | | |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the or | | |
| 1 | Purpose(s) of conservation easements held by the organization | tion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a histo | orically important land area |
| | Protection of natural habitat | Preservation of a cert | ified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic st | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structu | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | asement is located > | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements | it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cons | servation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conserva | tion easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) about | ve satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | tion easements in its revenue and expense | statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes | the organization's accounting for |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of | of Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Forr | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (A | SC 958), not to report in its revenue staten | nent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | chibition, education, or research in furthera | nce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | ribes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (A | SC 958), to report in its revenue statement | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of pul | blic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financia | I gain, provide |
| | the following amounts required to be reported under SFAS | 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 900 Part Y | | |

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a | Land | | | | |
| b | Buildings | | | | |
| С | Leasehold improvements | | | | |
| | Equipment | | | | |
| <u> e</u> | Other | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must equa | l Form 990. Part X. colur | nn (B), line 10c.) | • | 0. |

Schedule D (Form 990) 2016

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |
| | | |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 440,824 |
|---|---|----|--------|----|---------|
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 2,407. | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| | Other (Describe in Part XIII.) | 2d | | | |
| | Add lines 2a through 2d | | | 2e | 2,407 |
| 3 | Subtract line 2e from line 1 | | | 3 | 438,417 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 438,417 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| 7 | lotal expenses and losses per audited financial statements | | 1 | 301,210. |
|---|--|----|--------|----------|
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| | Prior year adjustments | 2b | | |
| | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 387,278. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 387,278. |

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

CASH HELD FOR OTHERS REPRESENTS AMOUNTS HELD OVER THE SUMMER FOR DISTRICT
MEMBERS. THESE AMOUNTS ARE RETURNED TO THE DISTRICTS AT THE BEGINNING OF
THE NEXT SCHOOL YEAR.

PART X, LINE 2:

FLORIDA SCHOOL MUSIC ASSOCIATION, INCORPORATED HAS REVIEWED AND EVALUATED
THE RELEVANT TECHNICAL MERITS OF EACH OF THEIR TAX POSITIONS IN ACCORDANCE
WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF
AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED
THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL

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| Schedule D (Form 990) 2016 | FLORIDA | SCHOOL | MUSIC | ASSOCIATION, | INC. | 52-2092192 | Page 5 |
|---|-------------------------|--------|-------|--------------|------|------------|---------------|
| Schedule D (Form 990) 2016 Part XIII Supplement | al Information (continu | ued) | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

INC.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

FLORIDA SCHOOL MUSIC ASSOCIATION,

Employer identification number 52-2092192

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES FOR SCHOOL MUSIC PROGRAMS IN SUPPORT OF QUALITY MUSIC EDUCATION EXPERIENCES FOR STUDENTS. FORM 990, PART VI, SECTION A, LINE 3: FLORIDA SCHOOL MUSIC ASSOCIATION, INC. USES THE CENTER FOR FINE ARTS EDUCATION, INC. AS A MANAGEMENT COMPANY. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION IS COMPRISED OF MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION VOTE TO ELECT THE MEMBERS OF THE GOVERNING BOARD. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BOARD ARE AT TIMES SUBJECT TO THE APPROVAL OF THE ASSOCIATION'S MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE, REVISED IF NEEDED, THEN REVIEWED BY THE ENTIRE BOARD AND REVISED IF NEEDED BEFORE FILING.

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

THE ASSOCIATION MONITORS CONFLICTS OF INTEREST BASED ON THE POLICY ADOPTED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

| Name of the organization FLORIDA SCHOOL MUSIC ASSOCIATION, INC. | Employer identification number 52-2092192 |
|---|---|
| IN 2010. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| | |
| THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS | OF INTEREST POLICY |
| AND 990 AVAILABLE ON ITS WEBSITE. AUDITS AND MINUTES ARE | E AVAILABLE TO |
| MEMBERS VIA THE WEBSITE. | |
| | |
| FORM 990, PART XII, LINE 2C | |
| THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF A | AN INDEPENDENT |
| ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR. | |
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