TAX RETURN FILING INSTRUCTIONS
FORM 990
FOR THE YEAR ENDING
JUNE 30, 2018

PREPARED FOR:
THE FLORIDA ORCHESTRA
244 2ND AVENUE NORTH NO. 420
ST PETERSBURG, FL  33701

PREPARED BY:
CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL  33762-5539

AMOUNT DUE OR REFUND:
NOT APPLICABLE

MAKE CHECK PAYABLE TO:
NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:
NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:
NOT APPLICABLE

SPECIAL INSTRUCTIONS:
THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.
TAX RETURN FILING INSTRUCTIONS
FORM 990-T
FOR THE YEAR ENDING
JUNE 30, 2018

PREPARED FOR:
THE FLORIDA ORCHESTRA
244 2ND AVENUE NORTH NO. 420
ST PETERSBURG, FL  33701

PREPARED BY:
CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL  33762-5539

AMOUNT DUE OR REFUND:
NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:
NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT  84201-0027

RETURN MUST BE MAILED ON OR BEFORE:
MAY 15, 2019

SPECIAL INSTRUCTIONS:
THE RETURN SHOULD BE SIGNED AND DATED.
**Form 8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

For calendar year 2017, or fiscal year beginning **JUL 1**, 2017, and ending **JUN 30**, 2018

**THE FLORIDA ORCHESTRA**

Name and title of officer

**SHERRY POWELL**

**INTERIM CEO**

---

**Part I**

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>X</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td></td>
</tr>
</tbody>
</table>

---

**Part II**

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I

Officer’s PIN: check one box only

- [X] I authorize **CBIZ MHM, LLC**

ERO firm name

**23691**

Enter five numbers, but do not enter all zeros

**ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So
** Return of Organization Exempt From Income Tax **

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

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

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

---

** Part I **

** Summary **

1. Briefly describe the organization’s mission or most significant activities: INSPIRE, ENTERTAIN AND EDUCATE A DIVERSE AUDIENCE WITH THE UNIQUE EXPERIENCE OF LIVE SYMPHONIC MUSIC.

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

---

** Revenue **

8. Contributions and grants (Part VIII, line 1b)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

---

** Expenses **

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 12 from line 18

---

** Net Assets or Fund Balances **

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. 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 **

SHERRY POWELL, INTERIM CEO

Type or print name and title

---

** Preparer's signature **

Alicia Brown

Date

---

** Preparer's contact information **

Firm's name: CBIZ MHM, LLC

Firm's EIN: 27-3605969

Firm's address: 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539

Phone no.: 727-572-1400
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission:

TO ENRICH THE LIFE OF THE TAMPA BAY AREA AS IT INSPIRES, ENTERTAINS, AND EDUCATES A WIDE AND DIVERSE AUDIENCE WITH THE UNIQUE EXPERIENCE OF LIVE SYMPHONIC MUSIC, ENSURING THAT FUTURE GENERATIONS WILL CONTINUE TO ENJOY THIS LEGACY THAT MAGNIFICENTLY CELEBRATES THE HUMAN SPIRIT.

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 ☒ 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 ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 8,382,253. including grants of $ ) (Revenue $ 4,136,005.)

CONCERT PERFORMANCES:
FOR THE LAST 50 YEARS, THE FLORIDA ORCHESTRA (TFO) HAS BECOME TAMPA BAY'S LARGEST PERFORMING ARTS ORGANIZATION AND FLORIDA'S LARGEST PROFESSIONAL ORCHESTRA. TFO'S CONCERT SEASON ENCOMPASSES THE FULL BREADTH OF SYMPHONIC REPERTOIRE WITH 248 SERVICES A SEASON AND A TOTAL ATTENDANCE OVER 135,000 PATRONS. IN ADDITION TO STANDARD ORCHESTRAL WORKS, TFO PLAYS MUSIC FROM ROCK, POP AND BROADWAY, AND COLLABORATES IN PRODUCTIONS WITH LOCAL THEATER, CHORAL AND OPERA COMPANIES. SOME OF OUR MOST POPULAR SERIES ARE:

- COFFEE CONCERT SERIES DESIGNED TO PROVIDE AUDIENCES WITH AN INFORMAL AND INFORMATIVE CLASSICAL MUSIC EXPERIENCE. LED BY A TONY AWARD-WINNER PRINCIPAL GUEST CONDUCTOR EACH 70-90-MINUTE PROGRAM FEATURES A VARIETY

4b (Code: ) (Expenses $ 1,143,035. including grants of $ ) (Revenue $ 564,001.)

COMMUNITY ENGAGEMENT
TFO'S EXTENSIVE COMMUNITY ENGAGEMENT ACTIVITIES AND ACCESSIBILITY INITIATIVES MAKE IT POSSIBLE FOR MORE THAN HALF OF THE ORCHESTRA'S ANNUAL TOTAL AUDIENCE TO PARTICIPATE IN ITS SERVICES FREE OF CHARGE. THESE ACTIVITIES FOLLOW OUR COMMITMENT TO EDUCATE AND IMPACT A WIDE RANGE OF COMMUNITY MEMBERS OF ALL AGES, BACKGROUNDS, AND SOCIOECONOMIC MEANS, INCLUDING BUT NOT LIMITED TO:

- CLASSICAL KIDS: OFFERS FREE MASTERWORKS TICKETS TO PATRONS AGES 5-18, AS WELL AS PROGRAM NOTES WRITTEN SPECIFICALLY FOR CHILDREN. THIS PROGRAM IS THE FIRST OF ITS KIND IN THE NATION AND IS DESIGNED TO PROMOTE ATTENDANCE BY FAMILIES AND CULTIVATE AN EARLY APPRECIATION OF LIVE SYMPHONIC MUSIC AMONG CHILDREN AND YOUTH

4c (Code: ) (Expenses $ ) (Revenue $ )

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▶ $9,525,288.

SEE SCHEDULE O FOR CONTINUATION(S)
<table>
<thead>
<tr>
<th></th>
<th>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><img src="https://example.com/yes-no.png" alt="Yes/No" /></td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
</tr>
<tr>
<td>4</td>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
</tr>
<tr>
<td>9</td>
<td>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?</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
</tr>
<tr>
<td>11a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
</tr>
<tr>
<td>11b</td>
<td>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
</tr>
<tr>
<td>11c</td>
<td>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
</tr>
<tr>
<td>11d</td>
<td>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
</tr>
<tr>
<td>11e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25?</td>
</tr>
<tr>
<td>11f</td>
<td>Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)?</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
</tr>
<tr>
<td>12b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
</tr>
<tr>
<td>12c</td>
<td>If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
</tr>
<tr>
<td>14b</td>
<td>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?</td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
</tr>
<tr>
<td>16</td>
<td>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?</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
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<td>20a</td>
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<td>35a</td>
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<td>36</td>
<td>X</td>
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<tr>
<td>37</td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>X</td>
</tr>
</tbody>
</table>

**Note.** All Form 990 filers are required to complete Schedule O.
### 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**

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners?</td>
</tr>
<tr>
<td>2a</td>
<td>Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O</td>
</tr>
<tr>
<td>4a</td>
<td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
</tr>
<tr>
<td>6a</td>
<td>Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
</tr>
<tr>
<td>7a</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
</tr>
<tr>
<td>7b</td>
<td>Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization comply with the donor notice requirements under section 170(n)?</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
</tr>
<tr>
<td>9a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
</tr>
<tr>
<td>10a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
</tr>
</tbody>
</table>

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**THE FLORIDA ORCHESTRA**

59-1223691

**Form 990 (2017)**
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.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

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.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

6 Did the organization have members or stockholders?

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?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body

b Each committee with authority to act on behalf of the governing body

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization’s CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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) available 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 financial 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:

MIGUEL GARCIA – (727) 362-5431

244 2ND AVE N, STE 420, ST PETERSBURG, FL 33701
### 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.

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

#### Table

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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### Part VII

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

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<th>Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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**1b Sub-total**

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<td>Total (add lines 1b and 1c)</td>
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<td>537,993.</td>
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**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 3

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: X

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: X

#### Section B. Independent Contractors

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<th>(A)</th>
<th>Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
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<td>COLUMBIA ARTIST MANAGEMENT LLC - MICHAEL FRraham</td>
<td>5 COLUMBUS CIR, 1790 BROADWAY, 16TH PL, NEW YORK, NY</td>
<td>MUSIC DIRECTOR</td>
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<td>STEERPike PRODUCTIONS, LLC, 250 WEST 57TH STREET, 11TH FLOOR, NEW YORK, NY 10107</td>
<td>GALA GUEST ARTIST</td>
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**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 2

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2017) 732008 11-28-17
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
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<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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Total to Part VII, Section A, line 1c

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**THE FLORIDA ORCHESTRA** 59-1223691
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
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<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(47) DARDEN RICE</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(48) RONALD SALAMONE</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(49) TRIPP THORNTON</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(50) MICHAEL PASTREICH</td>
<td>40.00</td>
<td>X</td>
<td>191,567.</td>
<td>0.</td>
<td>25,630.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(51) MIGUEL GARCIA</td>
<td>40.00</td>
<td>X</td>
<td>96,491.</td>
<td>0.</td>
<td>20,494.</td>
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<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
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<tr>
<td>(52) GRACE SIPUSIC</td>
<td>40.00</td>
<td>X</td>
<td>143,708.</td>
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<td>10,617.</td>
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<td>CHIEF DEVELOPMENT OFFICER</td>
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<tr>
<td>(53) SHERRY POWELL</td>
<td>40.00</td>
<td>X</td>
<td>106,227.</td>
<td>0.</td>
<td>3,187.</td>
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<tr>
<td>CHIEF MARKETING OFFICER</td>
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</tr>
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</table>

Total to Part VII, Section A, line 1c: 537,993. 59,928.
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $ 732,009  11-28-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>7,543,298.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a ADMISSIONS</td>
<td>711130</td>
<td>3,678,803.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b PERFORMANCE REVENUE</td>
<td>711130</td>
<td>576,121.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c SETTLEMENT INCOME</td>
<td>900099</td>
<td>365,340.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d OTHER PROGRAM REVENUE</td>
<td>711130</td>
<td>112,512.</td>
<td>79,742.</td>
<td>32,770.</td>
<td></td>
</tr>
<tr>
<td>e Other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td>4,732,776.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td>254,393.</td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td></td>
<td>1,198,561.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td></td>
<td>750,923.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td>447,638.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ 1,143,867. of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td>464,867.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td>486,687.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total, Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12,956,285. 4,700,006. 32,770. 680,211.</td>
</tr>
</tbody>
</table>

---

**Note:** The above text represents the financial statements as filled out on Form 990 (2017) for The Florida Orchestra.
<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>342,008</td>
<td>22,367</td>
<td>241,355</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>5,248,816</td>
<td>4,595,191</td>
<td>443,087</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>255,752</td>
<td>247,389</td>
<td>6,124</td>
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<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>808,306</td>
<td>763,813</td>
<td>16,452</td>
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<td>10</td>
<td>Payroll taxes</td>
<td>471,471</td>
<td>402,882</td>
<td>44,789</td>
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<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td>22,989</td>
<td>22,989</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td>48,000</td>
<td>48,000</td>
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</tr>
<tr>
<td></td>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>28,078</td>
<td></td>
<td>28,078</td>
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<tr>
<td></td>
<td>f Investment management fees</td>
<td>64,316</td>
<td>64,316</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>119,887</td>
<td>9,283</td>
<td>69,560</td>
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<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>561,208</td>
<td>561,208</td>
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<tr>
<td>13</td>
<td>Office expenses</td>
<td>431,280</td>
<td>226,834</td>
<td>178,612</td>
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<tr>
<td>14</td>
<td>Information technology</td>
<td>90,111</td>
<td>30,422</td>
<td>17,005</td>
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<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>126,567</td>
<td>126,567</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>76,146</td>
<td>67,719</td>
<td>6,539</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>12,706</td>
<td>4,619</td>
<td>8,087</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>14,718</td>
<td>14,718</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>27,570</td>
<td>27,570</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>32,758</td>
<td>32,758</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered 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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a GUEST ARTISTS/CONDUCTOR</td>
<td>1,082,604</td>
<td>1,082,604</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b HALL RENTAL</td>
<td>927,336</td>
<td>927,336</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c STAGING AND STAGE HANDS</td>
<td>391,093</td>
<td>391,093</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d RECEPTIONS</td>
<td>87,582</td>
<td>28,673</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td>206,902</td>
<td>163,815</td>
<td>19,248</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>11,478,204</td>
<td>9,525,288</td>
<td>1,387,776</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part X | Balance Sheet**

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

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>524,382</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>717,070</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>69,966</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>524,382</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6 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</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>155,254</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>463,783</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>3,737,838</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>14,589,095</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>576,997</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>1,405,352</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>41,774</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>2,024,123</td>
</tr>
<tr>
<td>27 Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>3,275,573</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>9,365,785</td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>12,564,972</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>14,589,095</td>
</tr>
</tbody>
</table>

Form 990 (2017)
### Part XI  Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line 1</th>
<th>Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash ☐ Accrual ☒ Other X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X ☐ Consolidated basis ☐ Separate basis ☒ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X ☐ Both consolidated and separate basis ☒ Separate basis ☒ Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Separate basis ☒ Consolidated basis ☒ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Separate basis ☒ Consolidated basis ☒ Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ X ☐ Both consolidated and separate basis ☒ Separate basis ☒ Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017)
### Part I: Reason for Public Charity Status

All organizations must complete this part. See instructions.

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>(For lines 1 through 12, check only one box.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td>3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4 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:</td>
<td></td>
</tr>
<tr>
<td>5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7 X 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)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9 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:</td>
<td></td>
</tr>
<tr>
<td>10 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.)</td>
<td></td>
</tr>
<tr>
<td>11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>12 An organization organized and operated exclusively 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.</td>
<td></td>
</tr>
<tr>
<td>a 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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td></td>
</tr>
<tr>
<td>d 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.</td>
<td></td>
</tr>
<tr>
<td>e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f Enter the number of supported organizations.</td>
<td></td>
</tr>
<tr>
<td>g Provide the following information about the supported organization(s).</td>
<td></td>
</tr>
</tbody>
</table>

#### Table

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>6086602.</td>
<td>6339408.</td>
<td>6165264.</td>
<td>6543147.</td>
<td>7543298.</td>
<td>32677719.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>6086602.</td>
<td>6339408.</td>
<td>6165264.</td>
<td>6543147.</td>
<td>7543298.</td>
<td>32677719.</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2419415.</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30258304.</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>6086602.</td>
<td>6339408.</td>
<td>6165264.</td>
<td>6543147.</td>
<td>7543298.</td>
<td>32677719.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>998,766.</td>
<td>192,335.</td>
<td>224,165.</td>
<td>219,636.</td>
<td>254,393.</td>
<td>1889295.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>-9,486.</td>
<td>-17,529.</td>
<td>-8,683.</td>
<td>-12,697.</td>
<td></td>
<td>-48,395.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34518619.</td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19,073,598.</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</th>
<th>14</th>
<th>87.66 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td>15</td>
<td>83.86 %</td>
</tr>
</tbody>
</table>

#### 16a 33 1/3% support test - 2017
- If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 16b 33 1/3% support test - 2016
- If the organization did not check the box on line 14 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 17a 10% - facts-and-circumstances test - 2017
- If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 17b 10% - facts-and-circumstances test - 2016
- If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 18 Private foundation
- If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

---

Schedule A (Form 990 or 990-EZ) 2017

THE FLORIDA ORCHESTRA

59-1223691

Page 2

5-10-17
Part III  Support Schedule for Organizations Described in Section 509(a)(2)

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>7b 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</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>8 Public support. Subtract line 7c from line 6</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>13 Total support. Add lines 9, 10c, 11, and 12</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>16 Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>18 Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
<td>...........</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s governing document?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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))?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Did the organization have any excess business holdings in the tax year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Section</td>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>Part IV</td>
<td>Supporting Organizations (continued)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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?</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above?</td>
<td>No</td>
</tr>
<tr>
<td>Section B. Type I Supporting Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>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 &quot;No,&quot; 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.</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; 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.</td>
<td>No</td>
</tr>
<tr>
<td>Section C. Type II Supporting Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>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 &quot;No,&quot; describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organizations.</td>
<td>No</td>
</tr>
<tr>
<td>Section D. All Type III Supporting Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>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?</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;Yes,&quot; describe in Part VI the role the organization's supported organizations played in this regard.</td>
<td>No</td>
</tr>
<tr>
<td>Section E. Type III Functionally Integrated Supporting Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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 &quot;Yes,&quot; 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.</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; 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.</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td>No</td>
</tr>
</tbody>
</table>
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
## Part V
### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
</tr>
</tbody>
</table>
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.)
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2017

** PUBLIC DISCLOSURE COPY **

Name of the organization
THE FLORIDA ORCHESTRA
Employer identification number
59-1223691

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>X 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing 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) (2017)
### Part I: Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,157,768</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$365,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$300,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$188,464</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$150,900</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate) (See instructions.)</td>
<td>Date received</td>
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</tbody>
</table>
**THE FLORIDA ORCHESTRA**

59-1223691

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $ __________

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
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<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<td>Transferee's name, address, and ZIP + 4</td>
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</tbody>
</table>

**Name of organization**

THE FLORIDA ORCHESTRA

**Employer identification number**

59-1223691

723454 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization’s direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures
   ──$
3. Volunteer hours for political campaign activities
   ──

Part I-B | Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
   ──$  
2. Enter the amount of any excise tax incurred by organization managers under section 4955
   ──$  
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ Yes □ No
4a. Was a correction made? □ Yes □ No
4b. If "Yes," describe in Part IV.

Part I-C | Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
   ──$  
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities
   ──$  
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
   ──$  
4. Did the filing organization file Form 1120-POL for this year? □ Yes □ No
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name
(b) Address
(c) EIN
(d) Amount paid from filing organization’s funds. If none, enter -0-.  
(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Formula</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>$723,910.</td>
<td>569,837.</td>
<td>564,088.</td>
<td>694,131.</td>
<td>723,910.</td>
<td>2,551,966.</td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>$11,430,204.</td>
<td>48,000.</td>
<td>48,000.</td>
<td>48,000.</td>
<td>11,430,204.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>$11,478,204.</td>
<td>48,000.</td>
<td>48,000.</td>
<td>48,000.</td>
<td>11,478,204.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>$11,478,204.</td>
<td>48,000.</td>
<td>48,000.</td>
<td>48,000.</td>
<td>11,478,204.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>$723,910.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td>$180,978.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Subtract line 1g from line 1a. If zero or less, enter 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Subtract line 1f from line 1c. If zero or less, enter 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>569,837.</td>
<td>564,088.</td>
<td>694,131.</td>
<td>723,910.</td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td>31,500.</td>
<td>42,000.</td>
<td>42,000.</td>
<td>48,000.</td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part II-B**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>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:</td>
<td>Yes</td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
<tr>
<td><strong>2a</strong></td>
<td>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</td>
<td></td>
</tr>
<tr>
<td><strong>2b</strong></td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred under section 4912</td>
<td></td>
</tr>
<tr>
<td><strong>2c</strong></td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred by organization managers under section 4912</td>
<td></td>
</tr>
<tr>
<td><strong>2d</strong></td>
<td>If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
<td></td>
</tr>
</tbody>
</table>

**Part III-A**

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</td>
<td></td>
</tr>
</tbody>
</table>

**Part III-B**

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Dues, assessments and similar amounts from members</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
<td></td>
</tr>
</tbody>
</table>

**Part IV**

Supplemental Information

Provide 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.
### Part I  
**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**Purpose(s) of conservation easements held by the organization (check all that apply).**

- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

**Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.**

**Number of states where property subject to conservation easement is located.**

**Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?**

**Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

**Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

**Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?**

**In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.**

### Part II  
**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.**

**If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:**

- **Revenue included on Form 990, Part VIII, line 1**
- **Assets included in Form 990, Part X**
Schedule D (Form 990) 2017  THE FLORIDA ORCHESTRA  59-1223691  Page 2

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets  (continued)

3  Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

4  Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  [ ] Yes  [ ] No

Part IV  Escrow and Custodial Arrangements.  Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  [ ] Yes  [ ] No
   b  If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  [ ] Yes  [ ] No
   b  If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V  Endowment Funds.  Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,082,980.</td>
<td>11,460,547.</td>
<td>11,337,278.</td>
<td>11,109,046.</td>
<td>9,711,743.</td>
</tr>
<tr>
<td>1,285,195.</td>
<td>91,592.</td>
<td>969,333.</td>
<td>375,700.</td>
<td>325,863.</td>
</tr>
<tr>
<td>1,496,633.</td>
<td>1,925,992.</td>
<td>-409,095.</td>
<td>156,742.</td>
<td>1,288,119.</td>
</tr>
<tr>
<td>15,444,583.</td>
<td>13,082,980.</td>
<td>11,460,547.</td>
<td>11,337,278.</td>
<td>11,109,046.</td>
</tr>
</tbody>
</table>

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a  Board designated or quasi-endowment  [ ] 16.43%
   b  Permanent endowment  [ ] 61.68%
   c  Temporarily restricted endowment  [ ] 21.89%

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i)  unrelated organizations  [ ] Yes  [ ] No
   (ii) related organizations

   If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

3b

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td>6,647.</td>
<td>1,108.</td>
<td>5,539.</td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>334,928.</td>
<td>308,182.</td>
<td>26,746.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td>195,705.</td>
<td>154,493.</td>
<td>41,212.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e.  (Column (d) must equal Form 990, Part X, column (B), line 10c.)  [ ] 73,497.
### Part VII  Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII  Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX  Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS</td>
<td>3,372,420.</td>
</tr>
<tr>
<td>(2) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS</td>
<td>439,408.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) 3,811,828.

### Part X  Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) CAPITAL LEASE OBLIGATIONS</td>
<td>28,370.</td>
</tr>
<tr>
<td>(3) OPERATING LOAN</td>
<td>11,074.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) 39,444.

**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]
## Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c.  (This must equal Form 990, Part I, line 12)</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c.  (This must equal Form 990, Part I, line 18.)</td>
<td></td>
</tr>
</tbody>
</table>

## Part XIII | Supplemental Information.

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

---

PART V, LINE 4:

THE ORCHESTRA'S ENDOWMENT CONSISTS OF SEVERAL INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT CONSISTS OF DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

EFFECTIVE JULY 1, 2012, THE STATE OF FLORIDA ADOPTED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA") AND IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION TOPIC, "ENDOWMENTS OF NOT-FOR-PROFIT ORGANIZATIONS: NET ASSET CLASSIFICATION OF FUNDS SUBJECT TO AN ENACTED VERSION OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT, AND..."
ENHANCED DISCLOSURES FOR ALL ENDOWMENT FUNDS"("ASC 958"), THE ORCHESTRA CLASSIFIES INVESTMENT EARNINGS ON ENDOWMENTS AS A COMPONENT OF TEMPORARILY RESTRICTED NET ASSETS IF NOT APPROPRIATED FOR EXPENDITURE IN THE PERIOD EARNED. ONCE INVESTMENT EARNINGS ARE APPROPRIATED FOR EXPENDITURE, THE ORCHESTRA RECLASSIFIES THE AMOUNT APPROPRIATED AS A COMPONENT OF UNRESTRICTED NET ASSETS.


PART X, LINE 2:

THE ORCHESTRA IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORCHESTRA BELIEVES THAT IT HAS NO LIABILITY FOR TAXES WITH RESPECT TO UNRELATED BUSINESS INCOME. HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE
RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES.

THE ORCHESTRA FOLLOWS ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES ("ASC 740"). A COMPONENT OF THIS STANDARD PRESCRIBES A RECOGNITION AND MEASUREMENT THRESHOLD OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORCHESTRA'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE APPLICATION OF THIS STANDARD FOR THE YEARS ENDED JUNE 30, 2018 AND 2017. THE ORCHESTRA'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2014 TAX YEAR ENDED JUNE 30, 2015, AND ALL SUBSEQUENT YEARS.

SCHEDULE D, PART XI, LINE 4B
FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON FINANCIAL STATEMENTS: $19,690

SCHEDULE D, PART XII, LINE 2D
FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON FINANCIAL STATEMENTS: $19,690
WRITE OFF OF PLEDGE RECEIVABLE: $52,916
TOTAL: $72,606
## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

### Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - Yes
   - No

#### (i) Name and address of individual or entity (fundraiser)

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Did fundraiser have custody or control of contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to or retained by fundraiser listed in col. (i)</th>
<th>Amount paid to or retained by organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>SD&amp;A TELESERVICES, INC. - 5757 W CENTURY BLVD #300, LOS TELEFUNDING</td>
<td>X</td>
<td>Yes</td>
<td>51,565</td>
<td>28,077</td>
<td>23,488</td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

SEE PART IV FOR CONTINuations
## Part II  Fundraising Events.

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

<table>
<thead>
<tr>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>GALA FUNDRAISER</td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>1,608,734.</td>
<td></td>
<td>1,608,734.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>1,143,867.</td>
<td></td>
<td>1,143,867.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>464,867.</td>
<td></td>
<td>464,867.</td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>4 Cash prizes</th>
<th>5 Noncash prizes</th>
<th>6 Rent/facility costs</th>
<th>7 Food and beverages</th>
<th>8 Entertainment</th>
<th>9 Other direct expenses</th>
<th>10 Direct expense summary</th>
<th>11 Net income summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part III  Gaming.

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Volunteer labor</th>
<th>Yes %</th>
<th>Yes %</th>
<th>Yes %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

7 Direct expense summary. Add lines 2 through 5 in column (d).

8 Net gaming income summary. Subtract line 7 from line 1, column (d).

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states?
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
   b If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility ................................................................. 13a %
   b An outside facility ........................................................................... 13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name ►

   Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No

   b If "Yes," enter the amount of gaming revenue received by the organization ► $ _____________ and the amount of gaming revenue retained by the third party ► $ _____________

   c If "Yes," enter name and address of the third party:

   Name ►

   Address ►

16 Gaming manager information:

   Name ►

   Gaming manager compensation ► $ _____________

   Description of services provided ►

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ► $

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) **NAME OF FUNDRAISER: SD&A TELESERVICES, INC.**

(I) **ADDRESS OF FUNDRAISER: 5757 W CENTURY BLVD #300, LOS ANGELES, CA  90045**

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59-1223691
## Part I Questions Regarding Compensation

### 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as, maid, chauffeur, chef)

### 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

### 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

### 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [X] Compensation committee
- [X] Independent compensation consultant
- [X] Form 990 of other organizations
- [X] Written employment contract
- [X] Compensation survey or study
- [X] Approval by the board or compensation committee

### 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

#### a Receive a severance payment or change-of-control payment?

- [X] Yes

#### b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- [X] Yes

#### c Participate in, or receive payment from, an equity-based compensation arrangement?

- [X] Yes

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

### 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

#### a The organization?

- [X] Yes

#### b Any related organization?

- [X] Yes

If "Yes" on line 5a or 5b, describe in Part III.

### 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

#### a The organization?

- [X] Yes

#### b Any related organization?

- [X] Yes

If "Yes" on line 6a or 6b, describe in Part III.

### 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

- [X] Yes

### 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- [X] Yes

### 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

- [X] Yes

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II**
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MICHAEL PASTREICH</td>
<td>(i) 191,567.0</td>
<td>(ii) 0.0</td>
<td>(iii) 5,747.0</td>
<td>19,883.</td>
<td>217,197.0</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td>(i) 0.0</td>
<td>(ii) 0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(2) GRACE SIPUSIC</td>
<td>(i) 143,708.0</td>
<td>(ii) 0.0</td>
<td>4,311.0</td>
<td>6,306.</td>
<td>154,325.0</td>
</tr>
<tr>
<td>CHIEF DEVELOPMENT OFFICER</td>
<td>(i) 0.0</td>
<td>(ii) 0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Part III  Supplemental Information

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

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

Attach to Form 990.

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

Name of the organization: THE FLORIDA ORCHESTRA

Employer identification number: 59-1223691

<table>
<thead>
<tr>
<th>Part I: Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Securities - Publicly traded</td>
<td></td>
<td>X</td>
<td>21</td>
<td>315,048. FAIR MARKET VALUE</td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period? 

If “Yes,” describe the arrangement in Part II.

b If “Yes,” describe in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

If “Yes,” describe in Part II.

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

If “Yes,” describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE FLORIDA ORCHESTRA CEASED CONDUCTING THE TFO ON THE GO / TFO BEYOND THE BAY / RESIDENCY PROGRAM IN THE 2017/2018 YEAR.

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

OF CLASSICAL AND MODERN WORKS ON A GIVEN THEME, PRECEDED BY COFFEE, DONUTS, AND PRE-CONCERT CONVERSATION WITH THE CONDUCTOR.

-POPS IN THE PARK EXTENDING ITS PERFORMANCES BEYOND THE CONCERT HALL, LOWERING ECONOMIC, GEOGRAPHIC, AND SOCIOECONOMIC BARRIERS TO ATTENDANCE AND ENRICHING THE QUALITY OF LIFE IN TAMPA BAY

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

-YOUTH CONCERTS: TFO ENHANCED ITS YOUTH CONCERT PROGRAMMING BY IMPLEMENTING LINK UP, A PARTICIPATORY MUSIC CURRICULUM DEVELOPED BY CARNEGIE HALL'S WEILL MUSIC THAT CULMINATES IN A SERIES OF INTERACTIVE CONCERTS IN WHICH THE STUDENTS PERFORM ALONG WITH TFO'S PROFESSIONAL ENSEMBLE. LAST SEASON'S TFO LINK UP CONCERTS ENGAGED APPROXIMATELY 17,000 AREA STUDENTS ACROSS 157 SCHOOLS, OF WHICH 84 WERE TITLE 1 SCHOOLS

-FAMILY CONCERTS: THROUGH ITS PAY-WHAT-YOU-CAN, COMMUNITY-BASED FAMILY CONCERTS, TFO OFFERS INFORMAL CHAMBER MUSIC PERFORMANCES THAT PROVIDE SHARED MUSIC ENRICHMENT AND EDUCATIONAL OPPORTUNITIES FOR FAMILIES WITH CHILDREN IN GRADES PRE-K-2

-SING OUT! TAMPA BAY: THIS FREE EVENT INVITES UP TO 250 TAMPA BAY RESIDENTS OF ALL AGES AND MUSICAL SKILL LEVELS TO SING ONSTAGE WITH THE ORCHESTRA AS MEMBERS OF THE TFO COMMUNITY CHORUS
WOODSON CHAMBER CONCERTS: TFO HAS PARTNERED WITH THE DR. CARTER G. WOODSON AFRICAN AMERICAN MUSEUM TO PRESENT A CHAMBER MUSIC CONCERT SERIES ONE SUNDAY PER MONTH. ALL PROCEEDS FROM THE WOODSON CHAMBER CONCERT SERIES WILL BENEFIT THE MUSEUM DIRECTLY IN ORDER TO ENABLE THE MUSEUM TO FURTHER DEVELOP ITS INFRASTRUCTURE

FORM 990, PART VI, SECTION A, LINE 2:
THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS MAY RECOMMEND ELECTING DIRECTORS THAT HAVE FAMILY RELATIONSHIPS WITH CURRENT MEMBERS OF THE BOARD OF DIRECTORS. AS PART OF THE NOMINATION PROCESS, THE GOVERNANCE COMMITTEE DISCLOSES TO THE FULL BOARD OF DIRECTORS ALL FAMILY OR BUSINESS RELATIONSHIPS BEFORE A VOTE IS TAKEN. THE DIRECTORS LISTED IN FORM 990, PART VII, SECTION A INCLUDES ROBERT P. SHUCK AND MARCY SHUCK, WHO ARE MARRIED.

FORM 990, PART VI, SECTION A, LINE 4:
A CHANGE WAS MADE TO THE ORIGINZATIONAL DOCUMENT IN ARTICLE V, SECTION 14, WHICH AMENDED THE PERCENTAGE OF BOARD MEMBERS NEEDED FOR ALL MEETINGS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE CEO, CFO, AND TREASURER. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED A COPY, WITHOUT THE LIST OF MAJOR CONTRIBUTORS, PRIOR TO FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY. EACH DIRECTOR SIGNS A DISCLOSURE STATEMENT WHICH IS FILED WITH THE STATE AS
REQUIRED BY FLORIDA'S SOLICITATION OF CONTRIBUTIONS ACT AND 496.405 F.S.

FORM 990, PART VI, SECTION B, LINE 15:
ONCE A YEAR THE CEO REVIEWS WITH THE BOARD OF DIRECTORS, OFFICERS, AND HUMAN RESOURCE COMMITTEE THE COMPENSATION FOR ALL STAFF AND KEY OFFICERS. THE BOARD EXECUTIVE GROUP REVIEWS THE CEO'S COMPENSATION YEARLY OR AS REQUIRED BY CONTRACTING DOCUMENT AFTER PRESENTING IT TO THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. DEPENDING ON DOCUMENTS REQUESTED, THEY ARE EITHER SENT ELECTRONICALLY OR REVIEWED AT THE ADMINISTRATIVE OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
BAD DEBT -52,916.

FORM 990, PART XII, LINE 2C
THE AUDIT COMMITTEE SHALL PROVIDE ASSISTANCE TO TFO BOARD OF DIRECTORS IN FULFILLING THEIR FIDUCIARY RESPONSIBILITY RELATING TO CORPORATE ACCOUNTING, REPORTING PRACTICES OF THE ORGANIZATION, AND THE QUALITY AND INTEGRITY OF THE FINANCIAL REPORTS OF THE ORGANIZATION.
THE AUDIT COMMITTEE WILL RECOMMEND TO THE BOARD OF DIRECTORS TO APPOINT AND REMOVE THE COMPANY'S INDEPENDENT AUDITORS AND DETERMINE THEIR COMPENSATION. THE COMMITTEE IS DIRECTLY RESPONSIBLE FOR THE OVERSIGHT OF THE ORGANIZATION INDEPENDENT AUDITORS.

1. REVIEW AND UNDERSTAND THE COMPANY’S ANNUAL AUDITED FINANCIAL STATEMENTS AND THE ANNUAL REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING.

A. THE CHAIR OF THE AUDIT COMMITTEE WILL MEET WITH THE AUDITORS AND OFFICERS OF TFO IN ORDER TO DETERMINE THE SCOPE OF WORK AND AUDIT FEES PRIOR TO COMMENCING AN AUDIT. THE AUDIT COMMITTEE WILL REVIEW THE SCOPE OF WORK AND IF IT SO REQUIRES, WILL REQUEST FROM TFO OFFICERS A SELECTION OF OTHER AUDITING FIRMS TO ENSURE COMPETITIVE AUDIT PRICING AND STANDARDS


2. REVIEW AND DISCUSS WITH MANAGEMENT AND THE INDEPENDENT AUDITORS MAJOR ACCOUNTING ISSUES AND JUDGEMENTS MADE IN CONNECTION WITH THE PREPARATION OF FINANCIAL STATEMENTS AND ANY ACCOUNTING FINDINGS AND SUPERVISE IT'S PROMPT CORRECTION

THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR TO THE PROCESS FOR THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS OR THE SELECTION OF THE INDEPENDENT ACCOUNTANT.
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

Form 990-T

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization: THE FLORIDA ORCHESTRA

Phone number: (727) 362-5431

Gross receipts or sales: A

Cost of goods sold: B

Gross profit: C

Capital gain net income (attach Schedule G): D

Income (loss) from partnerships and S corporations: E

Other income (See instructions; attach schedule): F

Unrelated business taxable income before specific deduction: G

Total deductions: H

Compensation of officers, directors, and trustees: I

Salaries and wages: J

Bad debts: K

Interest (attach schedule): L

Depletion: M

Contributions to deferred compensation plans: N

Employee benefit programs: O

Excess exempt expenses (Schedule I): P

Excess readerhsip costs (Schedule J): Q

Other deductions (attach schedule): R

Net operating loss deduction (limited to the amount on line 30): S

Unrelated business taxable income before specific deduction: T

Specific deduction (Generally $1,000, but see line 33 instructions for exceptions): U

Unrelated business taxable income: V

For Paperwork Reduction Act Notice, see instructions.
Part III  Tax Computation

35  Organizations Taxable as Corporations.  See instructions for tax computation.
   Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:
   a  Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
      (1) $                      (2) $                      (3) $                      ▶ 35c  0.
   b  Enter organization's share of:  (1) Additional 5% tax (not more than $11,750) $  
   (2) Additional 3% tax (not more than $100,000)  
   c  Income tax on the amount on line 34                      ▶ 35c  0.

36  Trusts Taxable at Trust Rates.  See instructions for tax computation. Income tax on the amount on line 34 from:
   ☐ Tax rate schedule or ☐ Schedule D (Form 1041)  ▶ 36

37  Proxy tax.  See instructions  ▶ 37

38  Alternative minimum tax  ▶ 38

39  Tax on Non-Compliant Facility Income.  See instructions  ▶ 39

40  Total.  Add lines 37, 38 and 39 to line 35c or 36, whichever applies  ▶ 40  0.

Part IV  Tax and Payments

41a  Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  ▶ 41a

41b  Other credits (see instructions)  ▶ 41b

41c  General business credit.  Attach Form 3800  ▶ 41c

41d  Credit for prior year minimum tax (attach Form 8801 or 8827)  ▶ 41d

41e  Total credits.  Add lines 41a through 41d  ▶ 41e

42  Subtract line 41e from line 40  ▶ 42  0.

43  Other taxes.  Check if from:
   ☐ Form 4255  ☐ Form 8611  ☐ Form 8697  ☐ Form 8866  ☐ Other (attach schedule)  ▶ 43

44  Total tax.  Add lines 42 and 43  ▶ 44  0.

45a  Payments:  A 2016 overpayment credited to 2017  ▶ 45a

45b  2017 estimated tax payments  ▶ 45b

45c  Tax deposited with Form 8868  ▶ 45c

45d  Foreign organizations; Tax paid or withheld at source (see instructions)  ▶ 45d

45e  Backup withholding (see instructions)  ▶ 45e

45f  Credit for small employer health insurance premiums (Attach Form 8941)  ▶ 45f

45g  Other credits and payments:
   ☐ Form 2439  ☐ Form 4136  ☐ Form 4136  ☐ Other  
   ▶ 45g

46  Total payments.  Add lines 45a through 45g  ▶ 46

47  Estimated tax penalty (see instructions).  Check if Form 2220 is attached ▶ 47

48  Tax due.  If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ 48  0.

49  Overpayment.  If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49  0.

50  Enter the amount of line 49 you want:  Credited to 2018 estimated tax ▶ 50

Part V  Statements Regarding Certain Activities and Other Information  (see instructions)

51  At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?  If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 

52  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.

53  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer  INTERIM CEO

Date  Title

May the IRS discuss this return with the preparer shown below (see instructions)?  ☐ Yes  ☐ No

Paid Preparer Use Only

Print/Type preparer's name  Preparer's signature  Date  Check ▶ if self- employed  PTIN

ALICIA BROWN  CBIZ MHM, LLC  27-3605969

Firm's name ▶ 13577 FEATHER SOUND DR., SUITE 400  Phone no. 727-572-1400

13577 FEATHER SOUND DR., SUITE 400  CLEARWATER, FL 33762-5539

Firm's address  Firm's EIN  Phone no.

Form 990-T (2017)
### Schedule A - Cost of Goods Sold

Enter method of inventory valuation ▶ N/A

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
<td></td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td></td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

5. Total. Add lines 1 through 4b.

### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

**Description of property**

1. (1)
   (2)
   (3)
   (4)

2. Rent received or accrued
   - (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   - (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3. (a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
   - (1)
   - (2)
   - (3)
   - (4)
   - Total

4. Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.
5. Total deductions.
   - (b) Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

### Schedule E - Unrelated Debt-Financed Income

**Description of debt-financed property**

1. (1)
   (2)
   (3)
   (4)

2. Gross income from or allocable to debt-financed property
   - (a) Straight line depreciation (attach schedule)
   - (b) Other deductions (attach schedule)

3. Deductions directly connected with or allocable to debt-financed property
   - (a) Column 4 divided by column 5
   - (b) Gross income reportable (column 2 x column 6)
   - (c) Allocable deductions (column 6 x total of columns 3(a) and 3(b))

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)
   - (1)
   - (2)
   - (3)
   - (4)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)
   - (1)
   - (2)
   - (3)
   - (4)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(2)</td>
<td>%</td>
<td></td>
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<tr>
<td>(3)</td>
<td>%</td>
<td></td>
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<td></td>
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<tr>
<td>(4)</td>
<td>%</td>
<td></td>
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</tr>
</tbody>
</table>

Totals ▶ 0. 0.

Total dividends-received deductions included in column 8 ▶ 0.

Form 990-T (2017)
### Exempt Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add columns 5 and 10, Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11, Enter here and on page 1, Part I, line 8, column (B).

### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected with production of unrelated business income</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule J - Advertising Income

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE FLORIDA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORCHESTRA HOUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PROGRAMS</td>
<td>32,770.</td>
<td>8,651.</td>
<td>0.</td>
<td>24,119.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) ➤ 32,770. 8,651. 0. 24,119. 24,119. 24,119.
### Part II  Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
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</tr>
</tbody>
</table>

**Totals from Part I**  
32,770.  8,651.  24,119.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<td></td>
<td></td>
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<td>(2)</td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals, Part II (lines 1-5)**  
32,770.  8,651.  24,119.

### Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

**Total. Enter here and on page 1, Part II, line 14**  
0.
### Alternative Minimum Tax - Corporations

**Name:** THE FLORIDA ORCHESTRA  
**Employer identification number:** 59-1223691

#### Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1. **Taxable income or (loss) before net operating loss deduction**

2. **Adjustments and preferences:**
   - a. Depreciation of post-1986 property
   - b. Amortization of certified pollution control facilities
   - c. Amortization of mining exploration and development costs
   - d. Amortization of circulation expenditures (personal holding companies only)
   - e. Adjusted gain or loss
   - f. Long-term contracts
   - g. Merchant marine capital construction funds
   - h. Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
   - i. Tax shelter farm activities (personal service corporations only)
   - j. Passive activities (closely held corporations and personal service corporations only)
   - k. Loss limitations
   - l. Depletion
   - m. Tax-exempt interest income from specified private activity bonds
   - n. Intangible drilling costs
   - o. Other adjustments and preferences

3. **Pre-adjustment alternative minimum taxable income (AMTI), Combine lines 1 through 2o**

4. **Adjusted current earnings (ACE) adjustment:**
   - a. ACE from line 10 of the ACE worksheet in the instructions
   - b. Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions
   - c. Multiply line 4b by 75% (0.75). Enter the result as a positive amount
   - d. Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)

5. ** ACE adjustment.**
   - If line 4b is zero or more, enter the amount from line 4c
   - If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount

6. **Alternative tax net operating loss deduction. See instructions**

7. **Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions**

8. **Exemption phase-out (If line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):**
   - a. Subtract $150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-
   - b. Multiply line 8a by 25% (0.25)
   - c. Exemption. Subtract line 8b from $40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-

9. **Subtract line 8c from line 7. If zero or less, enter -0-**

10. **Multiply line 9 by 20% (0.20)**

11. **Alternative minimum tax foreign tax credit (AMTFTC). See instructions**

12. **Tentative minimum tax. Subtract line 11 from line 10**

13. **Regular tax liability before applying all credits except the foreign tax credit**

14. **Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return**

---

Form 4626 (2017)  
717001 01-12-18  
54  
15130204 143399 336595  
2017.0530 THE FLORIDA ORCHESTRA 336595_1
### Adjusted Current Earnings (ACE) Worksheet

**Pre-adjustment AMTI.** Enter the amount from line 3 of Form 4626

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17,393.</td>
</tr>
</tbody>
</table>

**ACE depreciation adjustment:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>AMT depreciation</td>
</tr>
<tr>
<td>b</td>
<td>ACE depreciation:</td>
</tr>
<tr>
<td></td>
<td>(1) Post-1993 property   2b(1)</td>
</tr>
<tr>
<td></td>
<td>(2) Post-1989, pre-1994 property   2b(2)</td>
</tr>
<tr>
<td></td>
<td>(3) Pre-1990 MACRS property   2b(3)</td>
</tr>
<tr>
<td></td>
<td>(4) Pre-1990 original ACRS property   2b(4)</td>
</tr>
<tr>
<td></td>
<td>(5) Property described in sections 168(f)(1) through (4)   2b(5)</td>
</tr>
<tr>
<td></td>
<td>(6) Other property   2b(6)</td>
</tr>
<tr>
<td></td>
<td>(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)   2b(7)</td>
</tr>
<tr>
<td>c</td>
<td>ACE depreciation adjustment. Subtract line 2b(7) from line 2a</td>
</tr>
</tbody>
</table>

**Inclusion in ACE of items included in earnings and profits (E&P):**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Tax-exempt interest income   3a</td>
</tr>
<tr>
<td>b</td>
<td>Death benefits from life insurance contracts   3b</td>
</tr>
<tr>
<td>c</td>
<td>All other distributions from life insurance contracts (including surrenders)   3c</td>
</tr>
<tr>
<td>d</td>
<td>Inside buildup of undistributed income in life insurance contracts   3d</td>
</tr>
<tr>
<td>e</td>
<td>Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)   3e</td>
</tr>
<tr>
<td>f</td>
<td>Total increase to ACE from inclusion in ACE of items included in E&amp;P. Add lines 3a through 3e</td>
</tr>
</tbody>
</table>

**Disallowance of items not deductible from E&P:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Certain dividends received   4a</td>
</tr>
<tr>
<td>c</td>
<td>Dividends paid to an ESOP that are deductible under section 404(k)   4c</td>
</tr>
<tr>
<td>d</td>
<td>Nonpatronage dividends that are paid and deductible under section 1382(c)   4d</td>
</tr>
<tr>
<td>e</td>
<td>Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)   4e</td>
</tr>
<tr>
<td>f</td>
<td>Total increase to ACE because of disallowance of items not deductible from E&amp;P. Add lines 4a through 4e</td>
</tr>
</tbody>
</table>

**Other adjustments based on rules for figuring E&P:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Intangible drilling costs   5a</td>
</tr>
<tr>
<td>b</td>
<td>Circulation expenditures   5b</td>
</tr>
<tr>
<td>c</td>
<td>Organizational expenditures   5c</td>
</tr>
<tr>
<td>d</td>
<td>LIFO inventory adjustments   5d</td>
</tr>
<tr>
<td>e</td>
<td>Installment sales   5e</td>
</tr>
<tr>
<td>f</td>
<td>Total other E&amp;P adjustments. Combine lines 5a through 5e</td>
</tr>
</tbody>
</table>

**Disallowance of loss on exchange of debt pools**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**Acquisition expenses of life insurance companies for qualified foreign contracts**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**Depletion**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>8</td>
<td></td>
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</tbody>
</table>

**Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

**Adjusted current earnings.** Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>17,393.</td>
</tr>
</tbody>
</table>
STATEMENT 1
FORM 990-T                      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

ADVERTISING
DISALLOWED FRINGE BENEFITS

TO FORM 990-T, PAGE 1

STATEMENT 2
FORM 990-T                      OTHER INCOME

DESCRIPTION AMOUNT
DISALLOWED FRINGE BENEFITS 18,393.

TOTAL TO FORM 990-T, PAGE 1, LINE 12 18,393.

STATEMENT 3
FORM 990-T                      NET OPERATING LOSS DEDUCTION

<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/14</td>
<td>9,486.</td>
<td>0.</td>
<td>9,486.</td>
<td>9,486.</td>
</tr>
<tr>
<td>06/30/15</td>
<td>17,529.</td>
<td>0.</td>
<td>17,529.</td>
<td>17,529.</td>
</tr>
<tr>
<td>06/30/16</td>
<td>8,683.</td>
<td>0.</td>
<td>8,683.</td>
<td>8,683.</td>
</tr>
<tr>
<td>06/30/17</td>
<td>12,697.</td>
<td>0.</td>
<td>12,697.</td>
<td>12,697.</td>
</tr>
</tbody>
</table>

NOL CARRYOVER AVAILABLE THIS YEAR 48,395.

STATEMENT 4
FORM 4626                      ALTERNATIVE MINIMUM TAX NOL DEDUCTION

<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/14</td>
<td>9,486.</td>
<td>0.</td>
<td>9,486.</td>
</tr>
<tr>
<td>06/30/15</td>
<td>17,529.</td>
<td>0.</td>
<td>17,529.</td>
</tr>
<tr>
<td>06/30/16</td>
<td>8,683.</td>
<td>0.</td>
<td>8,683.</td>
</tr>
<tr>
<td>06/30/17</td>
<td>12,697.</td>
<td>0.</td>
<td>12,697.</td>
</tr>
</tbody>
</table>

AMT NOL CARRYOVER AVAILABLE THIS YEAR 48,395.
Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.
TAX RETURN FILING INSTRUCTIONS
FLORIDA F-1120
FOR THE YEAR ENDING
JUNE 30, 2018

PREPARED FOR:

THE FLORIDA ORCHESTRA
244 2ND AVENUE NORTH NO. 420
ST PETERSBURG, FL 33701

PREPARED BY:

CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL TAX</td>
<td>$0</td>
</tr>
<tr>
<td>LESS: PAYMENTS AND CREDITS</td>
<td>$0</td>
</tr>
<tr>
<td>PLUS: OTHER AMOUNT</td>
<td>$0</td>
</tr>
<tr>
<td>PLUS: INTEREST AND PENALTIES</td>
<td>$0</td>
</tr>
<tr>
<td>NO PAYMENT REQUIRED</td>
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</tbody>
</table>

OVERPAYMENT:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CREDITED TO YOUR ESTIMATED TAX</td>
<td>$0</td>
</tr>
<tr>
<td>OTHER AMOUNT</td>
<td>$0</td>
</tr>
<tr>
<td>REFUNDED TO YOU</td>
<td>$0</td>
</tr>
</tbody>
</table>

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:
Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return  
   Check here if negative __________  0.00

2. State income taxes deducted in computing federal taxable income  
   (attach schedule)  
   Check here if negative __________

3. Additions to federal taxable income (from Schedule I)  
   Check here if negative __________  18,393.00

4. Total of Lines 1, 2 and 3  
   Check here if negative __________  18,393.00

5. Subtractions from federal taxable income (from Schedule II)  
   Check here if negative __________  48,395.00

6. Adjusted federal income (Line 4 minus Line 5)  
   Check here if negative __________  -30,002.00

7. Florida portion of adjusted federal income (see instructions)  
   Check here if negative __________  -30,002.00

8. Nonbusiness income allocated to Florida (from Schedule R)  
   Check here if negative __________

9. Florida exemption  
   __________  0.00

10. Florida net income (Line 7 plus Line 8 minus Line 9)  
    __________  0.00

11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater  
    (see instructions for Schedule VI)  
    __________  0.00

12. Credits against the tax (from Schedule V)  
    __________  0.00

13. Total corporate income/franchise tax due (Line 11 minus Line 12)  
    __________  0.00

14. a) Penalty: F-2220  
    __________  0.00

   b) Other  
   __________  0.00

   c) Interest: F-2220  
   __________  0.00

   d) Other  
   __________  0.00

15. Total of Lines 13 and 14  
   __________  0.00

16. Payment credits:
   Estimated tax payments 16a $ ________

   Tentative tax payment 16b $ ________

17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.  
   __________  0.00

   If the amount is negative (overpayment), enter on Line 18 and/or Line 19

18. Credit: Enter amount of overpayment credited to next year’s estimated tax here and on payment coupon

19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

Florida Corporate Income/Franchise Tax Return

Do Not Detach

YEAR ENDING 06/30/18

To ensure proper credit to your account, enclose your check with tax return when mailing.
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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer (must be an original signature)

Preparer's signature

Firm's name (or yours if self-employed) and address

Paid preparers only

Title

Preparer's PTIN

Part of a federal consolidated return?

FEIN from federal consolidated return:

Name of corporation:

Initial return

Final return (final federal return filed)

The federal common parent has sales, property, or payroll in Florida?

Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.)

Location of corporate books:

Type of federal return filed

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
P.O. Box 6440
Tallahassee FL 32314-6440

Where to Send Payments and Returns

Remember:

- Make your check payable to the Florida Department of Revenue.
- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.
### Schedule I - Additions and/or Adjustments to Federal Taxable Income

<table>
<thead>
<tr>
<th>Statement 1</th>
<th>Column (a) For page 1</th>
<th>Column (b) For Schedule VI, AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interest excluded from federal taxable income (see instructions)</td>
<td>18,393.00</td>
<td>18,393.00</td>
</tr>
<tr>
<td>2. Undistributed net long-term capital gains (see instructions)</td>
<td>48,395.00</td>
<td>48,395.00</td>
</tr>
<tr>
<td>3. Net operating loss deduction (attach schedule)</td>
<td>3. 18,393.00</td>
<td>3. 18,393.00</td>
</tr>
<tr>
<td>4. Net capital loss carryover (attach schedule)</td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5. Excess charitable contribution carryover (attach schedule)</td>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6. Employee benefit plan contribution carryover (attach schedule)</td>
<td>6.</td>
<td>6.</td>
</tr>
<tr>
<td>7. Enterprise zone jobs credit (Florida Form F-1156Z)</td>
<td>7.</td>
<td>7.</td>
</tr>
<tr>
<td>8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)</td>
<td>8.</td>
<td>8.</td>
</tr>
<tr>
<td>9. Guaranty association assessment(s) credit</td>
<td>9.</td>
<td>9.</td>
</tr>
<tr>
<td>10. Rural and/or urban high crime area job tax credits</td>
<td>10.</td>
<td>10.</td>
</tr>
<tr>
<td>11. State housing tax credit</td>
<td>11.</td>
<td>11.</td>
</tr>
<tr>
<td>12. Credit for contributions to nonprofit scholarship funding organizations</td>
<td>12.</td>
<td>12.</td>
</tr>
<tr>
<td>15. Entertainment industry tax credit</td>
<td>15.</td>
<td>15.</td>
</tr>
<tr>
<td>16. Credits for spaceflight projects</td>
<td>16.</td>
<td>16.</td>
</tr>
<tr>
<td>17. Research and Development tax credit</td>
<td>17.</td>
<td>17.</td>
</tr>
<tr>
<td>19. §168(k), IRC special bonus depreciation</td>
<td>19.</td>
<td>19.</td>
</tr>
<tr>
<td>20. Other additions (attach schedule)</td>
<td>20.</td>
<td>20.</td>
</tr>
<tr>
<td>21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.</td>
<td>21. 18,393.00</td>
<td>21. 18,393.00</td>
</tr>
</tbody>
</table>

### Schedule II - Subtractions from Federal Taxable Income

<table>
<thead>
<tr>
<th>Statement 1</th>
<th>Column (a) For page 1</th>
<th>Column (b) For Schedule VI, AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross foreign source income less attributable expenses</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>(a) Enter s. 78, IRC income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(b) plus s. 862, IRC dividends</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(c) less direct and indirect expenses</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2. Gross subpart F income less attributable expenses</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>(a) Enter s. 951, IRC subpart F income</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>(b) less direct and indirect expenses</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Florida net operating loss carryover deduction (see instructions)</td>
<td>3. 48,395.00</td>
<td>3. 48,395.00</td>
</tr>
<tr>
<td>4. Florida net capital loss carryover deduction (see instructions)</td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5. Florida excess charitable contribution carryover (see instructions)</td>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6. Florida employee benefit plan contribution carryover (see instructions)</td>
<td>6.</td>
<td>6.</td>
</tr>
<tr>
<td>8. Eligible net income of an international banking facility (see instructions)</td>
<td>8.</td>
<td>8.</td>
</tr>
<tr>
<td>9. §179, IRC expense (see instructions)</td>
<td>9.</td>
<td>9.</td>
</tr>
<tr>
<td>10. §168(b), IRC special bonus depreciation (see instructions)</td>
<td>10.</td>
<td>10.</td>
</tr>
<tr>
<td>11. Other subtractions (attach statement)</td>
<td>11.</td>
<td>11.</td>
</tr>
<tr>
<td>12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.</td>
<td>12. 48,395.00</td>
<td>12. 48,395.00</td>
</tr>
</tbody>
</table>
### Schedule III - Apportionment of Adjusted Federal Income

#### III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

<table>
<thead>
<tr>
<th></th>
<th>WITHIN FLORIDA (Numerator)</th>
<th>TOTAL EVERYWHERE (Denominator)</th>
<th>(c) Col. (a) + Col. (b) Rounded to Six Decimal Places</th>
<th>(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</th>
<th>(e) Weighted Factors Rounded to Six Decimal Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Property (Schedule III-B below)</td>
<td></td>
<td></td>
<td>X 25% or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Payroll</td>
<td></td>
<td></td>
<td>X 25% or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sales (Schedule III-C below)</td>
<td></td>
<td></td>
<td>X 50% or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.</td>
<td></td>
<td></td>
<td>1.000000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### III-B For use in computing average value of property (use original cost).

<table>
<thead>
<tr>
<th></th>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventories of raw material, work in process, finished goods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Buildings and other depreciable assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Land owned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other tangible and intangible (financial org. only) assets [attach schedule]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total (Lines 1 through 4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### III-C Sales Factor

<table>
<thead>
<tr>
<th></th>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
</tr>
<tr>
<td>1. Sales (gross receipts)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Sales delivered or shipped to Florida purchasers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other gross receipts (rents, royalties, interest, etc. when applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### III-D Special Apportionment Fractions (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
</tr>
<tr>
<td>1. Insurance companies (attach copy of Schedule T - Annual Report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Transportation services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule IV - Computation of Florida Portion of Adjusted Federal Income

<table>
<thead>
<tr>
<th></th>
<th>Column (a)</th>
<th>Column (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Federal Income</td>
<td>Adjusted AMT Income</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Adjusted Federal Income</th>
<th>Adjusted AMT Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)</td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)</td>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)</td>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)</td>
<td>6.</td>
<td>6.</td>
</tr>
<tr>
<td>7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)</td>
<td>7.</td>
<td>7.</td>
</tr>
<tr>
<td>8. Total carryovers apportioned to Florida (add Lines 4 through 7)</td>
<td>8.</td>
<td>8.</td>
</tr>
<tr>
<td>9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)</td>
<td>9.</td>
<td>9.</td>
</tr>
</tbody>
</table>
### Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)  
2. Capital investment tax credit (attach certification letter)  
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)  
4. Community contribution tax credit (attach certification letter)  
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)  
6. Rural job tax credit (attach certification letter)  
7. Urban high crime area job tax credit (attach certification letter)  
8. Emergency excise tax (EET) credit (see instructions and attach schedule)  
9. Hazardous waste facility tax credit  
10. Florida alternative minimum tax (AMT) credit  
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)  
12. State housing tax credit (attach certification letter)  
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)  
14. Florida renewable energy technologies investment tax credit  
15. Florida renewable energy production tax credit  
16. New markets tax credit  
17. Entertainment industry tax credit  
18. Credits for spacelift projects  
19. Research and Development tax credit  
20. Energy Economic Zone tax credit  
21. Other credits (attach schedule)  
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11).  

Enter total credits on Page 1, Line 12

### Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)  
2. State income taxes deducted in computing federal taxable income (attach schedule)  
3. Additions to federal taxable income (from Schedule I, Column [b])  
4. Total of Lines 1 through 3  
5. Subtractions from federal taxable income (from Schedule II, Column [b])  
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)  
7. Florida portion of adjusted federal income (see instructions)  
8. Nonbusiness income allocated to Florida (see instructions)  
9. Florida exemption  
10. Florida net income (Line 7 plus Line 8 minus Line 9)  
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11
**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total allocated to Florida</td>
<td>1.</td>
</tr>
</tbody>
</table>

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<table>
<thead>
<tr>
<th>Type</th>
<th>State/country allocated to</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total allocated elsewhere</td>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

(Enter here and on Schedule II, Line 7)

---

**Estimated Tax Worksheet**

*For Taxable Years Beginning On or After January 1, 2018*

1. Florida income expected in taxable year

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ -30,002.00</td>
</tr>
</tbody>
</table>

2. Florida exemption $50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 2.</td>
</tr>
</tbody>
</table>

3. Estimated Florida net income (Line 1 less Line 2)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 3.</td>
</tr>
</tbody>
</table>

4. Total Estimated Florida tax (5.5% of Line 3)*

Less: Credits against the tax

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and payment amounts:

- If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4
- Last day of 6th month - Enter 0.25 of Line 4
- Last day of 9th month - Enter 0.25 of Line 4
- Last day of fiscal year - Enter 0.25 of Line 4

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a.</td>
</tr>
<tr>
<td>5b.</td>
</tr>
<tr>
<td>5c.</td>
</tr>
<tr>
<td>5d.</td>
</tr>
</tbody>
</table>

---

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>

2. Less:

   a. Amount of overpayment from last year elected for credit to estimated tax and applied to date

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a.</td>
</tr>
</tbody>
</table>

   b. Payments made on estimated tax declaration (Florida Form F-1120ES)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b.</td>
</tr>
</tbody>
</table>

   c. Total of Lines 2(a) and 2(b)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2c.</td>
</tr>
</tbody>
</table>

3. Unpaid balance (Line 1 less Line 2(c))

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

4. Amount to be paid (Line 3 divided by number of remaining installments)

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
</tr>
<tr>
<td>YEAR</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>2013</td>
</tr>
<tr>
<td>2014</td>
</tr>
<tr>
<td>2015</td>
</tr>
<tr>
<td>2016</td>
</tr>
</tbody>
</table>

TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE

|  |  |  |  |  | 48,395.00 |

STATEMENT(S) 1
<table>
<thead>
<tr>
<th>CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME</th>
<th>AMOUNT</th>
<th>AMT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET OPERATING LOSS</td>
<td>18,393.00</td>
<td></td>
</tr>
<tr>
<td>NET CAPITAL LOSS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXCESS CHARITABLE CONTRIBUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEIN</td>
<td>59-1223691</td>
<td></td>
</tr>
<tr>
<td>--------</td>
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<td></td>
</tr>
<tr>
<td>591223691</td>
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<tr>
<td>1839300</td>
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<tr>
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</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

Name of organization (Check box if name changed and see instructions.)
THE FLORIDA ORCHESTRA

Number, street, and room or suite no. If a P.O. box, see instructions.
244 2ND AVENUE NORTH, NO. 420

City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG, FL 33701

Employer identification number (Employees' trust, see instructions.)
59-1223691

Unrelated business activity codes
(See instructions.)

Unrelated business taxable income.
51,163.

Other deductions (attach schedule)
42,512.

Part I
Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a Gross receipts or sales
1c Balance
2 Costs of goods sold (Schedule A, line 7)

3 Gross profit. Subtract line 2 from line 1c
4a Capital gain net income (attach Schedule D)
4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
4c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)
6 Rent income (Schedule C)
7 Unrelated debt-financed income (Schedule E)
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)
10 Exploited exempt activity income (Schedule I)
11 Advertising income (Schedule J)
12 Other income (See instructions; attach schedule)

13 Total. Combine lines 3 through 12

Part II
Deductions Not Taken Elsewhere
(See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts
18 Interest (attach schedule)
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation rules)
21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return

23 Depletion
24 Contributions to deferred compensation plans
25 Employee benefit programs
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J)
28 Other deductions (attach schedule)
29 Total deductions. Add lines 14 through 28
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

For Paperwork Reduction Act Notice, see instructions.

LHA 729701 01-22-18

15130204 143399 336595 2017.05030 THE FLORIDA ORCHESTRA 336595_1

Go to www.irs.gov/Form990T for instructions and the latest information.
**Form 990-T (2017)**

### Tax Computation

<table>
<thead>
<tr>
<th>35</th>
<th>Organizations Taxable as Corporations. See instructions for tax computation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):</td>
</tr>
<tr>
<td>b</td>
<td>Enter organization's share of: (1) Additional 5% tax (not more than $11,750) (2) Additional 3% tax (not more than $100,000)</td>
</tr>
<tr>
<td>c</td>
<td>Income tax on the amount on line 34</td>
</tr>
</tbody>
</table>

| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: |
| 37 | Proxy tax. See instructions |
| 38 | Alternative minimum tax |
| 39 | Tax on Non-Compliant Facility Income. See instructions |
| 40 | Total. Add lines 37, 39 and 39 to line 35c or 36, whichever applies |

### Tax and Payments

| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) |
| 41b | Other credits (see instructions) |
| 41c | General business credit. Attach Form 3800 |
| 41d | Credit for prior year minimum tax (attach Form 8801 or 8827) |
| 41e | Total credits. Add lines 41a through 41d |
| 42 | Subtract line 41e from line 40 |
| 43 | Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule) |
| 44 | Total tax. Add lines 42 and 43 |

| 45a | Payments: A 2016 overpayment credited to 2017 |
| 45b | 2017 estimated tax payments |
| 45c | Tax deposited with Form 8868 |
| 45d | Foreign organizations; Tax paid or withheld at source (see instructions) |
| 45e | Backup withholding (see instructions) |
| 45f | Credit for small employer health insurance premiums (Attach Form 8941) |
| 45g | Other credits and payments: Form 2439, Form 4136, Form 4255, Total |

| 46 | Total payments. Add lines 45a through 45g |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid |
| 50 | Enter the amount of line 49 you want: Credited to 2018 estimated tax |

### Statements Regarding Certain Activities and Other Information

| 51 | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year |

---

**Sign Here**

- Signature of officer: [Signature]
- Date: [Date]
- Title: INTERIM CEO
- Paid Preparer Use Only

**Alicia Brown**

- Firm's name: CBIZ MHM, LLC
- Firm's address: 13577 Feather Sound Dr., Suite 400, Clearwater, FL 33762-5539
- Phone no.: 727-572-1400

---

**Form 990-T (2017)**
### Schedule A - Cost of Goods Sold

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Rent received or accrued</th>
<th>Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inventory at beginning of year</td>
<td>6. Inventory at end of year</td>
<td>7. Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.</td>
</tr>
<tr>
<td>2. Purchases</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3. Cost of labor</td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4. Additional section 263A costs (attach schedule)</td>
<td>4a.</td>
<td>4a.</td>
</tr>
<tr>
<td>b. Other costs (attach schedule)</td>
<td>4b.</td>
<td>4b.</td>
</tr>
<tr>
<td>5. Total. Add lines 1 through 4b</td>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property:

   (1) 
   (2) 
   (3) 
   (4) 

2. Rent received or accrued:

   (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) 
   (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3. Deductions directly connected with the income in columns 3(a) and 3(b) (attach schedule):

   (a) Straight line depreciation (attach schedule) 
   (b) Other deductions (attach schedule)

4. Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

5. Total deductions. Enter here and on page 1, Part I, line 6, column (B)

### Schedule E - Unrelated Debt-Financed Income

(see instructions)

1. Description of debt-financed property:

2. Gross income from or allocable to debt-financed property:

3. Deductions directly connected with or allocable to debt-financed property:

   (a) Straight line depreciation (attach schedule) 
   (b) Other deductions (attach schedule)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

Totals

Total dividends-received deductions included in column 8

Form 990-T (2017)
## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

### Exempt Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
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</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

### Totals

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

### (see instructions)

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

### Totals

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

### (see instructions)

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<td>(2)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 10, col. (A). Enter here and on page 1, Part I, line 10, col. (B). Enter here and on page 1, Part I, line 9, col. (B).

### Totals

<p>| | | | | |</p>
<table>
<thead>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

## Schedule J - Advertising Income

### (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) THE FLORIDA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ORCHESTRA HOUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) PROGRAMS</td>
<td>32,770</td>
<td>8,651.</td>
<td></td>
<td>0.</td>
<td>24,119.</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) = 32,770. 8,651. 24,119. 24,119. 24,119.
### Part II Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals from Part I</td>
<td>▶️ 32,770.</td>
<td>8,651.</td>
<td></td>
<td></td>
<td></td>
<td>24,119.</td>
</tr>
<tr>
<td>Totals, Part II (lines 1-5)</td>
<td>▶️ 32,770.</td>
<td>8,651.</td>
<td></td>
<td></td>
<td></td>
<td>24,119.</td>
</tr>
</tbody>
</table>

### Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Total. Enter here and on page 1, Part II, line 14</td>
<td>▶️</td>
<td>0.</td>
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</tr>
</tbody>
</table>
**FORM 990-T**

**DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY**

**STATEMENT 3**

**ADVERTISING**

**DISALLOWED FRINGE BENEFITS**

**TO FORM 990-T, PAGE 1**

**FORM 990-T**

**OTHER INCOME**

**STATEMENT 4**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISALLOWED FRINGE BENEFITS</td>
<td>18,393.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-T, PAGE 1, LINE 12**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18,393.</td>
</tr>
</tbody>
</table>

**FORM 990-T**

**NET OPERATING LOSS DEDUCTION**

**STATEMENT 5**

<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/14</td>
<td>9,486.</td>
<td>0.</td>
<td>9,486.</td>
<td>9,486.</td>
</tr>
<tr>
<td>06/30/15</td>
<td>17,529.</td>
<td>0.</td>
<td>17,529.</td>
<td>17,529.</td>
</tr>
<tr>
<td>06/30/16</td>
<td>8,683.</td>
<td>0.</td>
<td>8,683.</td>
<td>8,683.</td>
</tr>
<tr>
<td>06/30/17</td>
<td>12,697.</td>
<td>0.</td>
<td>12,697.</td>
<td>12,697.</td>
</tr>
</tbody>
</table>

**NOL CARRYOVER AVAILABLE THIS YEAR**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOL CARRYOVER AVAILABLE THIS YEAR</td>
<td>48,395.</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48,395.</td>
</tr>
</tbody>
</table>
**Alternative Minimum Tax - Corporations**

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE FLORIDA ORCHESTRA</td>
<td>59-1223691</td>
</tr>
</tbody>
</table>

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1. **Taxable income or (loss) before net operating loss deduction**
   
   $17,393.00

2. **Adjustments and preferences:**
   
   a. Depreciation of post-1986 property
   
   $2,000.00

   b. Amortization of certified pollution control facilities
   
   $3,000.00

   c. Amortization of mining exploration and development costs
   
   $2,000.00

   d. Amortization of circulation expenditures (personal holding companies only)
   
   $2,000.00

   e. Adjusted gain or loss
   
   $2,000.00

   f. Long-term contracts
   
   $2,000.00

   g. Merchant marine capital construction funds
   
   $2,000.00

   h. Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
   
   $2,000.00

   i. Tax shelter farm activities (personal service corporations only)
   
   $2,000.00

   j. Passive activities (closely held corporations and personal service corporations only)
   
   $2,000.00

   k. Loss limitations
   
   $2,000.00

   l. Depletion
   
   $2,000.00

   m. Tax-exempt interest income from specified private activity bonds
   
   $2,000.00

   n. Intangible drilling costs
   
   $2,000.00

   o. Other adjustments and preferences
   
   $2,000.00

3. **Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o**
   
   $17,393.00

4. **Adjusted current earnings (ACE) adjustment:**
   
   a. ACE from line 10 of the ACE worksheet in the instructions
   
   $17,393.00

5. **Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions**
   
   $15,654.00

6. **Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions**
   
   $1,739.00

7. **Exemption phase-out**
   
   a. Subtract $150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-
   
   $0.00

   b. Multiply line 8a by 25% (0.25)
   
   $0.00

   c. Exemption. Subtract line 8b from $40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-
   
   $40,000.00

   d. Subtract line 8c from line 7. If zero or less, enter -0-
   
   $0.00

   e. Multiply line 9 by 20% (0.20)
   
   $0.00

   f. Subtract $250,000 from line 10. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-
   
   $0.00

   g. Subtract line 11 from line 10
   
   $0.00

   h. Regular tax liability before applying all credits except the foreign tax credit
   
   $0.00

   i. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return
   
   $0.00

JWA For Paperwork Reduction Act Notice, see separate instructions.
## Adjusted Current Earnings (ACE) Worksheet

**See ACE Worksheet Instructions.**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626</td>
<td>17,393.</td>
</tr>
<tr>
<td>2</td>
<td>ACE depreciation adjustment;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. <strong>AMT depreciation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. <strong>ACE depreciation:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Post-1993 property</td>
<td>2b(1)</td>
</tr>
<tr>
<td></td>
<td>(2) Post-1989, pre-1994 property</td>
<td>2b(2)</td>
</tr>
<tr>
<td></td>
<td>(3) Pre-1990 MACRS property</td>
<td>2b(3)</td>
</tr>
<tr>
<td></td>
<td>(4) Pre-1990 original ACRS property</td>
<td>2b(4)</td>
</tr>
<tr>
<td></td>
<td>(5) Property described in sections 168(f)(1) through (4)</td>
<td>2b(5)</td>
</tr>
<tr>
<td></td>
<td>(6) Other property</td>
<td>2b(6)</td>
</tr>
<tr>
<td></td>
<td>(7) <strong>Total ACE depreciation. Add lines 2b(1) through 2b(6)</strong></td>
<td>2b(7)</td>
</tr>
<tr>
<td></td>
<td>c. <strong>ACE depreciation adjustment. Subtract line 2b(7) from line 2a</strong></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Inclusion in ACE of items included in earnings and profits (E&amp;P):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Tax-exempt interest income</td>
<td>3a</td>
</tr>
<tr>
<td></td>
<td>b. Death benefits from life insurance contracts</td>
<td>3b</td>
</tr>
<tr>
<td></td>
<td>c. All other distributions from life insurance contracts (including surrenders)</td>
<td>3c</td>
</tr>
<tr>
<td></td>
<td>d. Inside buildup of undistributed income in life insurance contracts</td>
<td>3d</td>
</tr>
<tr>
<td></td>
<td>e. Other items (see Regulations sections 1.56(g)-1(c)(2)(iii) through (ix) for a partial list)</td>
<td>3e</td>
</tr>
<tr>
<td></td>
<td>f. <strong>Total increase to ACE from inclusion in ACE of items included in E&amp;P. Add lines 3a through 3e</strong></td>
<td>3f</td>
</tr>
<tr>
<td>4</td>
<td>Disallowance of items not deductible from E&amp;P:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Certain dividends received</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>c. Dividends paid to an ESOP that are deductible under section 404(k)</td>
<td>4c</td>
</tr>
<tr>
<td></td>
<td>d. Nonpatronage dividends that are paid and deductible under section 1382(c)</td>
<td>4d</td>
</tr>
<tr>
<td></td>
<td>e. Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)</td>
<td>4e</td>
</tr>
<tr>
<td></td>
<td>f. <strong>Total increase to ACE because of disallowance of items not deductible from E&amp;P. Add lines 4a through 4e</strong></td>
<td>4f</td>
</tr>
<tr>
<td>5</td>
<td>Other adjustments based on rules for figuring E&amp;P:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Intangible drilling costs</td>
<td>5a</td>
</tr>
<tr>
<td></td>
<td>b. Circulation expenditures</td>
<td>5b</td>
</tr>
<tr>
<td></td>
<td>c. Organizational expenditures</td>
<td>5c</td>
</tr>
<tr>
<td></td>
<td>d. LIFO inventory adjustments</td>
<td>5d</td>
</tr>
<tr>
<td></td>
<td>e. Installment sales</td>
<td>5e</td>
</tr>
<tr>
<td></td>
<td>f. <strong>Total other E&amp;P adjustments. Combine lines 5a through 5e</strong></td>
<td>5f</td>
</tr>
<tr>
<td>6</td>
<td>Disallowance of loss on exchange of debt pools</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Acquisition expenses of life insurance companies for qualified foreign contracts</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Depletion</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td><strong>Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626</strong></td>
<td>17,393.</td>
</tr>
<tr>
<td>TAX YEAR</td>
<td>LOSS SUSTAINED</td>
<td>LOSS PREVIOUSLY APPLIED</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>06/30/14</td>
<td>9,486.</td>
<td>0.</td>
</tr>
<tr>
<td>06/30/15</td>
<td>17,529.</td>
<td>0.</td>
</tr>
<tr>
<td>06/30/16</td>
<td>8,683.</td>
<td>0.</td>
</tr>
<tr>
<td>06/30/17</td>
<td>12,697.</td>
<td>0.</td>
</tr>
</tbody>
</table>

AMT NOL CARRYOVER AVAILABLE THIS YEAR

| 48,395. |