Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Publi

Department of the Treasury Internal Revenue Service onder section 301(c), 527, or 4947(a)(1) or the Internal Revenue Code (except private roundation

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2019 calend	dar year, or tax year beginning , 2019, and ending	1000		, 20					
В	Check if	applicable:	C Name of organization SOUTH FLORIDA MUSICIANS UNION		D Employ	yer identification number					
	Address	change	Doing business as		59-03	58930					
	Name cl	nange	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telepho	one number					
П	Initial ref	turn	1915 NE 45 STREET 109	5	(954)	527-4458					
П	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code								
$\overline{\sqcap}$	Amende	ed return	Fort Lauderdale, FL 33308		G Gross	receipts \$ 67,826.					
$\overline{\Box}$	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a gro	up return for	subordinates? Yes X No					
-			CHARLES RESKIN, 1915 NE 45 ST #105, FT. LAUDERDALE, FL 33308	H(b) Are all su	bordinate	s included? Yes No					
1	Tax-exe	mpt status:	501(c)(3)	7	ttach a list	:. (see instructions)					
J	Website	. ► N/A		H(c) Group ex	emption r	number 🟲					
K	Form of	organization: 🔀	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	n: 1950	M State of	f legal domicile: FL					
	art I	Summa		·		30 10					
	1		cribe the organization's mission or most significant activities: PROVID	E WAGE SO	CALES	FOR MUSICIANS					
æ		0 - 20 00 1 20 00 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section in the second section of the second section of the second section in the second section is section in the second section in the second section in the second section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section in the section is section in the section in the section in the section is section in the								
Activities & Governance											
eru	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of	more than 2	25% of i	ts net assets.					
Š	3		voting members of the governing body (Part VI, line 1a)		3	257					
8	4		independent voting members of the governing body (Part VI, line 1b)		4	257					
98	5				5	2					
Ξ	6		per of volunteers (estimate if necessary)		6	9					
Ş	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.					
	b		ted business taxable income from Form 990-T, line 39		7b	0.					
-		1400 diliola	and becomes taxable meeting from the first over 1, into do 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Prior Year	0.0000	Current Year					
	8	Contributio	ons and grants (Part VIII, line 1h)	98. SOMMON SCHOOLS		66,644.					
Revenue	9	Contributions and grants (Part VIII, line 1h)									
	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	305.00	693.	1,182.					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7.6	528.	67.006					
.—	13				328.	67,826					
	14	Grants and similar amounts paid (Part IX, column (A), lines 1–3)									
	4359 PT		or and the control of	0.65	00.000						
ses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	25,	865.	26,066.					
en	16a		al fundraising fees (Part IX, column (A), line 11e)		1.1	Stratusulare sees 17 W					
Expenses	b		raising expenses (Part IX, column (D), line 25) 0.	A ()	700	16 075					
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		700.	46,345.					
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	Total Time	565.	72,411.					
_ 0	19	Revenue i	ess expenses. Subtract line 18 from line 12	ginning of Curre	963.	-4,585. End of Year					
Net Assets or Fund Balances	00	Total asset				The second of the second					
Bala	20		ts (Part X, line 16)	128,	200 A 100 A	125,521.					
let /	21		ties (Part X, line 26)		858.	7,918.					
	Signature Control		or fund balances. Subtract line 21 from line 20	122,	188.	117,603.					
1	art II		re Block								
			, I dectare that I have examined this return, including accompanying schedules and statem e. Déclaration of preparer (other than officer) is based on all information of which preparer h			y knowledge and belief, it is					
1811					POS 2002 \$20000						
Sig	an.		my cul		/28/20)20					
Reserve			ure of officer	Date							
He	ere		RLES RESKIN, PRESIDENT								
		14	or print name and title	T	Ver	_ 1					
Pa	id	1000000000 10 M. M. S. S.	preparer's name Preparer's signature Date		Check						
	epare	THOMAS	December of the second		90000 90 WW	oyed P01395282					
	e On	Firm's nar			EIN ► 5	9-1990660					
		Firm's add	dress ► 6401 SW 87TH AVE STE 116, MIAMI, FL 33173-2	522 Phone	no. (30	05) 595-2917					
Ma	y the I	RS discuss	this return with the preparer shown above? (see instructions)			. X Yes No					

Form 99	0 (2019)				Page 2
Part		ment of Program Service	Accomplishments		· · · · · · · · · · · · · · · · · · ·
	Check	if Schedule O contains a re	esponse or note to any line in this F	art III	<u> </u>
1		ribe the organization's mission			
	LVOATOR	WAGE SCALES FOR MUS	ICIANS		
2	prior Form 9	anization undertake any signi 190 or 990-EZ?	ficant program services during the your services.	ear which were not listed on the	Yes ⊠ No
3	Did the org services? .	janization cease conducting	, or make significant changes in I]Yes ⊠ No
4	Describe the expenses. S	e organization's program ser Section 501(c)(3) and 501(c)(4	vice accomplishments for each of its) organizations are required to report or each program service reported.	s three largest program services, a t the amount of grants and allocat	s measured by tions to others,
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
1.54		/ (Expenses #) (revende \$	
	NONE		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

	Transport of Association	Schools Christophy Declared Man			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			<u>-</u>		

	(

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·			
4d	Other progr	am services (Describe on Sc	hedule O.)		
-	(Expenses			÷\$)	
4e		am service expenses >			

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			walion i
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d e	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	-	×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		^
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
D 40	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Y	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	IV Checklist of Required Schedules (continued)			
		9.0	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		P	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	i.	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
4	to defease any tax-exempt bonds?	24c		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34 35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36	l.	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	***		^
Part	The state of the s	38	×	
<u>81</u>	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	e age		
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			2		65.6
a			—	270	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			70.000.700.7		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2		1010000	
b	If at least one is reported on line 2a, did the organization file all required federal employment	ax retu	ums? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ruction	ns)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	? .		3a		, ×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S	chedu.	le O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er auth	nority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial ac	count)?	4a		×
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					silididi
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		action?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions?			6a		.,
	If "Yes," did the organization include with every solicitation an express statement that such		n i i	oa		×
b	gifts were not tax deductible?	CONTIN	outions of	6b		
7	Organizations that may receive deductible contributions under section 170(c).	36 SI	5 5 5			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	narthy	for goods	900		
•	and services provided to the payor?			7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property f					E200 G
	required to file Form 8282?	2 1 10		7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit	contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g	×	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi			7h	×	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m				122211222312	Waleria
	sponsoring organization have excess business holdings at any time during the year?			8		×
9	Sponsoring organizations maintaining donor advised funds.			0-	alcia i	
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal taxable distribution to a donor.	on?		9a 9b		×
10	Section 501(c)(7) organizations. Enter:	OII:		30	516-10-1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		8 4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	97			
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		100 4040		
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b			Historia Historia	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Forr	n 1041?	12a		2.000000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		SMARK	11.1111.74	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				0.14	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	
	Note: See the instructions for additional information the organization must report on Schedul	e O.			ate toyl	
b	Enter the amount of reserves the organization is required to maintain by the states in which				ananini Guybulan	
220	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	y *co-	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		· · ·	14a		×
b				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?	remur	ieration or	15		
	If "Yes," see instructions and file Form 4720, Schedule N.				o dinin	2 2 7 1 1 7
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stmen	t income?	16	Pagarata) I	La saa
25	If "Ves " complete Form 4720. Schedule O			10		10000

20

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Each committee with authority to act on behalf of the governing body? × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12b 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," 12c 13 × 13 14 Did the organization have a written document retention and destruction policy? 14 X 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? The organization's CEO, Executive Director, or top management official × 15a × 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► FL 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

JEFFERY APANA, 404 SE 15 STREET, FT LAUDERDALE, FL 33316 (954)527-4458

	500000000000000000000000000000000000000			
Part VII	Compensation of Officers, Directors	Trustees, Key Employees	, Highest Compensated Employee	s, and
	Independent Contractors			

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

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

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

(A) Name and title	(B) Average hours per week	verage do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) JEFFREY APANA	20.00							8			
TREASURER	***			×				16,900.	0.	0.	
(2) ELIZABETH ARON DIRECTOR	5.00	×						760.	0.	0.	
(3) IRIS VAN ECK DIRECTOR	5.00	×						780.	0.	0.	
(4) CHARLES RESKIN PRESIDENT	5.00	×						5,200.	0.	0.	
(5) RICHARD BRAVO DIRECTOR	5.00	×						740.	c.	0.	
(6) MATTHEW COREY DIRECTOR	5.00	×						780.	C.	0.	
(7) ROBERT FOLSE DIRECTOR	5,00	×						760.	0.	0.	
(8) KAREN FULLER DIRECTOR	5.00	×						800.	0.	0.	
(9) CAREY KLEINMAN DIRECTOR	5.00	×						680.	0.	0.	
(10)											
(11)											
(12)											
(13)									0		
(14)				1000							

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	nd F	lighest Compe	nsated E	mplo	yees (continued)
					(6	C)						
	(A)	(B)	0.47.400.000			ition			(D)	(E)		(F)
	Name and title	Average	1 22				e than i		Reportable	Reportab	ole	Estimated amount
		hours					or/trus		compensation	compensa		of other
		per week	-	1		1	1		from the	from relat		compensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	퍥	Former	organization	organizatio		from the
		hours for related	rec	E.	ğ	em	loye	l ed	(W-2/1099-MISC)	(W-2/1099-N	MISC)	organization and related organizations
		organizations	tor a	ona		plo	g 5					Terated Organizations
		below	S	=		yœ.	npe					
		dotted line)	tee	Ste		1000	32.00		8			
				ã			Highest compensated employee					
(15)	<u> </u>						_		†	300	20.20	
(10)			1									
44.03			-				-	-				
(16)	***											
				ļ			1	_				
(17)	2											
			1									
(18)												
X-7/	*****		1									
(40)		-	_	-		-		┼				
(19)			1									
(20)						3						
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37.11			1						2			
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(22)												
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]									
(24)						-				17-00-		
1271			-						3			
(05)			-	-			-	-	+			
(25)												
10000000	20 × 2 × 2							ļ.,			-81 - 25	1000
1b	Subtotal				•	* 3			27,400.		0.	0.
C	Total from continuation sheets to Part	VII, Sectio	n A		2				42 - 92 - 92 - 92 O	50778401 00 1590 as		
d	Total (add lines 1b and 1c)				•				27,400.		Э.	0.
2	Total number of individuals (including bu					hef	ahove	a) w		e than \$100	n nnn	P 222
2	reportable compensation from the organ		, 10 11	1030	וטוו	icu	abovi	C) 42	no received mor	e man who	0,000	OI .
<u> </u>	reportable compensation from the organ	Zation									251 2	V - N
												Yes No
3	Did the organization list any former							mpl	loyee, or highes	t compen	sated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3 X
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	nne	nsalid	ทาล	and other compe	nsation from	m the	
•	organization and related organizations											
	individual	greater th	απ ψ	100,	,000): 1	, , ,	٥,	complete other	30/6 0 /0/	Suci	
_				8.40	•							4 ×
5	Did any person listed on line 1a receive of									tion or indiv	vidua	The second secon
	for services rendered to the organization	? If "Yes," c	comp	ete	Sci	nedi	ule J i	for s	such person .			5 ×
Secti	on B. Independent Contractors									100	100	Sec. Col.
4	Complete this table for your five high	nest compo	ensat	ed	inde	epe	ndent	CC	ontractors that i	received m	ore	than \$100,000 of
	compensation from the organization. Rep	ort compen	satio	n foi	r the	e ca	lenda	ır ve	ear ending with or	within the	organ	ization's tax vear.
	· · · · · · · · · · · · · · · · · · ·							Ι,			3	Visioner
	(A) Name and business add	fress							(B) Description of sen	ices		(C) Compensation
-	name and business age							 	Deadiption of act	riocs	1400	Compensation
·												- 000
1,000,000,000							23326					
												2546
	V £											
-					***			1		-		
	Tatal complete of federal destructions	C 1 1*	00000 1 0000	3 1 0	oggan i	1:		1.	Description	-\	**************************************	
2	Total number of independent contractor							o tr	iose listed abov	e) who		a regularitation
21	received more than \$100,000 of compens	ation from	the or	gan	ıızat	ion						

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
ts	1a	Federated campaigns	1a									
E E	b	Membership dues	1b	66,644.				State and the				
Q E	С	Fundraising events	1c									
r A	d	Related organizations	1d	WEST STEEL				Language St.				
ig ig	е	Government grants (contributions)	1e									
ons, Gifts, Grants Similar Amounts	f	All other contributions, gifts, grants,										

(D	4-	Forderest and communitation of the last					
Grants	1a	Federated campaigns 1a	66 644				
ou	b	Membership dues 1b	66,644.				
, E	C	Fundraising events 1c					
# I	d	Related organizations 1d					
S #	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
ntribu d Oth	g	Noncash contributions included in lines 1a–1f 1g	\$				
a Co	h	Total. Add lines 1a-1f	•	66,644.			
	-	Totali / tot	Business Code	337,333.53			
0	2a		Dadingoo Godo				
Program Service Revenue	b						
gram Sen Revenue	11220						
Ten /en	C						
le le	d						
90	е						
٥	f	All other program service revenue			=10-000m		
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends		L. T.			
		other similar amounts)		1,182.	1,182.	0.	0.
	4	Income from investment of tax-exempt bo	nd proceeds ▶				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	THE STORE SEC.			Substitute Lossons	
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
			(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	W				
Other Revenue	b	Less: cost or other basis and sales expenses . 7b					
Ve							
Re		ACTUAL CONTRACTOR OF THE CONTR					
Ö	d	Net gain or (loss)					
Oth	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b				Cold Street Street	
		Net income or (loss) from fundraising ever	nts >				
		Gross income from gaming					
	L						
					/m = == == == == == == == == == == == ==		
		Net income or (loss) from gaming activitie	S >				
		Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventor	ry >				
2			Business Code			10 (A) (A) (A) (A) (A)	
901	11a						
and	b						
scellaned Revenue	C						- WEEDWETT
Miscellaneous Revenue	d	All other revenue					
Ξ		Total. Add lines 11a–11d	>				
	12	Total revenue. See instructions		67,826.	1,182.	0.	0.
	16	I ULUI I EVELIUE. OCO II ISLI UCLIONIS		0, 0000	-1-04	U .	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	22,100.	22,100.		0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,188.	2,188.	0.	0.
9	Other employee benefits				
10	Payroll taxes	1,778.	1,778.		
11	Fees for services (nonemployees):				
а	Management	0.015	0.015		
b	Legal	2,015.	2,015.	0.	0.
d	Accounting	1,500.	1,500.	0.	0.
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion			Fave Basin	
13	Office expenses	1,712.	1,712.	0.	0.
14	Information technology			PLANCE BELL	TRUE SELLIN
15	Royalties				
16	Occupancy	8,995.	8,995.	0.	0.
17	Travel	5,300.	5,300.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,574.	3,574.	0.	0.
20	Interest	17 00	15 00.		
21	Payments to affiliates	17,924.	17,924.	0.	0.
22	Depreciation, depletion, and amortization .	0. 1,596.	1 506	0.	
23 24	Other expenses. Itemize expenses not covered	1,596.	1,596.		0.
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK CHARGES	438.	438.	0.	0.
b	MISC	493.	493.	0.	0.
c	BAD DEDTS	2,481.	2,481.	0.	0.
d	MAILING & POSTAGE	317.	317.	0.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	72,411.	72,411.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X \Box (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 1 11,699. 17,461. 2 2 Savings and temporary cash investments 69,898. 85,653. 3 3 Pledges and grants receivable, net Accounts receivable, net 39,643. 4 4 27,592 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 7 Assets 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other 10a Superglangers (III) basis. Complete Part VI of Schedule D . . . 10a 7.794. Less: accumulated depreciation 10b 7,794. 0. 10c 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV. line 11. 12 13 Investments-program-related. See Part IV, line 11. 13 14 14 Intangible assets 1,044. 15 577. 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) . . . 128,046. 16 125,521. 16 17 Accounts payable and accrued expenses 4,561. 17 6,432. 18 Grants payable 18 1,297. 19 1,486. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties 24 24 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 of Schodule D

		or Schedule D	70 MARCO 2	25	2 (MON) ASSAS 502
	26	Total liabilities. Add lines 17 through 25	5,858.	26	7,918.
38		Organizations that follow FASB ASC 958, check here ▶ ⊠	TOTAL CONTRACTOR OF THE PARTY O		
ğ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	122,188.	27	117,603.
ä	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	144
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds		31	197 1934
te /	32	Total net assets or fund balances	122,188.	32	117,603.
ž	33	Total liabilities and net assets/fund balances	128,046.	33	125,521.

_	4	•
Page	1	1

Part	XI Reconciliation of Net Assets		uge I	
	Charlet Cabadula O portains a resource or mate to any line in this Doct VI		. П	
1	Total revenue (must equal Part VIII, column (A), line 12)		,826.	
2	Total expenses (must equal Part IX, column (A), line 25)		,411.	
3	Revenue less expenses. Subtract line 2 from line 1		,585.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,188.	
5	Net unrealized gains (losses) on investments		•	
6	Donated services and use of facilities	43		
7	Investment expenses		-	
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	117	<u>,603.</u>	
Part	·		_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	
	A	Ye	s No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Transfer this is a second of the second of t			
20	2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis, or bottl.			
b	b Were the organization's financial statements audited by an independent accountant?			
	b Were the organization's financial statements audited by an independent accountant?			
	separate basis, consolidated basis, or both:			
	🗵 Separate basis 🗌 Consolidated basis 🗎 Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	i	92	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		272	
1870	Single Audit Act and OMB Circular A-133?			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		00 (00/ 0)	
	REV 02/25/20 PRO	Form 9	90 (2019)	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 2019

> Open to Public Inspection

Name of the organization Employer identification number 59-0358930 SOUTH FLORIDA MUSICIANS UNION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b C Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 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 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X

į

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Provide a description of the organizations of the organization's collections and explain how they further the organization's exempt purpose in Part XII During the year, did the organization sholt 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 exempt purpose in Part XII During the year, did the organization associator or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Part	III Organizations Maintaining Coll	lections of Art, His	orical Treasures,	or Other Similar A	ssets (continued)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's cullections 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. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	3		ssion, and other recor	ds, check any of the	e following that make	significant use of its
b Scholarly research Other Other	а	TO THE REPORT OF THE PROPERTY	a	Loan or exchange	e program	
c Preservation for future generations 4 Provide a description of the organization's cullections 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 No No No No No No N						
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?		Maria Ma	•	0.1101		
St. 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?	1000	te to the management and the second of the second the second of the second th	s collections and evale	in have those fruther	the example ation's eve	met surpaga in Dart
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 and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Test No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Arrount Itc Arrount Itc Additions during the year 1d Subtributions	~		s collections and expla	in now they further	the organization's exe	empt purpose in Part
Part V Escrow and Custodial Arrangements.	5	During the year, did the organization solid	cit or receive donation	s of art, historical tr	easures, or other simi	ilar
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?		assets to be sold to raise funds rather than	n to be maintained as p	art of the organizati	on's collection?	. 🗌 Yes 🗌 No
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? □ Beginning balance □ Amount □ C □ Beginning balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ 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 □ Contributions □ Net investment earnings, gains, and losses □ Contributions □ Net investment earnings, gains, and losses □ Contributions □ Other expenditures for facilities and programs □ Administrative expenses □ Generative expensions □ Read of Seasons □ Seasons	Part	IV Escrow and Custodial Arrange	ments.			
included on Form 990, Part X? Yes No Mo Mo Mo Mo Mo		990, Part X, line 21.				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 C Amount	18					
C Beginning balance	b					103 110
c Beginning balance . 1d 1d 1d 1d 1d 1d 1d 1d	1,550	100, oxpiani no arrangement arran				Amount
d Additions during the year e Distributions during the year f. Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	C	Beginning balance			1c	20 (20 (2 SEC 2000))
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b (f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.						70
Ending balance If					5 5	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-					
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						tv? Yes No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four						
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Administrative expenses (a) Prior year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	1					
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (e) Four ye		The state of the s	wered "Yes" on For	m 990. Part IV. line	e 10.	
Beginning of year balance	-		Tr -			ck (e) Four years back
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 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % 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 (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. 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. Description of property (a) Cost or other basis (investment) Land Buildings c Leasehold improvements Q Cother Q Accumulated (d) Book value depreciation 1a Land D Buildings C Leasehold improvements Q Cother Q Accumulated Q Book value Q	19			7.5		1 126 2 2 2
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Description of property (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Cost or other basis (other) (other) (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (other) (d) Book value (other) (other)	Гал	Complete if the organization and	swered "Yes" on For	m 990 Part IV line	e 11a See Form 990	0. Part X. line 10
(investment) (other) depreciation 1a Land	<u>~</u>		7			
b Buildings		bescription of property			(San San San San San San San San San San	(a) Doon tale
b Buildings		Land	######################################	25 CONTRACTOR (1997)		
c Leasehold improvements d Equipment e Other	172					
d Equipment		9				
e Other	120		7 701		7 791	<u> </u>
			1,194.		1,124.	
	Total		equal Form QQ0 Part	X column (R) line 1	0c.)	0

Part VII	Investments – Other Securities.	000 Davt IV I	no 11h Con Form 000 Port V line 10
51	Complete if the organization answered "Yes" on Form (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financia	DECEMBER OF MEDICAL MEDICAL MEDICAL CONTROL OF THE TAX CONTROL OF THE	108 38.00	
the so seemed to the tr	neld equity interests		
		22 9	
(A)			
(B)			
(C)		TOTAL STATE	
(D) (E)		10 TABLE 2000 TOWN	
(E) (F)			AND AND THE PERSON AND THE
(G)		- 16-03%	
(H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	15333	A SAME OF THE SAME
Part VIII	Investments - Program Related.		
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.
,	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		14 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3-30
(2)	ta sidity COS	Suc-86	
(3)		15 10	
(4)		107 4041/04041	
(5)		1000	
(6)			
<u>(7)</u>		-	
(8)		- 7/	
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .	10 20 000 000 000 000 000 000 000 000 00	
Part IX	Other Assets.		
1 6.1 (1.7 (Complete if the organization answered "Yes" on For	m 990. Part IV. li	ne 11d. See Form 990, Part X, line 15.
en d	(a) Description		(b) Book value
(1)			
(2)		700	5570.6
(3)		**************************************	
(4)			
(5)		***	
(6)			
_(7)			
(8)			
(9)	(h)		
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		
Part A	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, li	ine 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	See	(b) Book value
(1) Federal i	ncome taxes		
(2)		*	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organizati	ion's financial statements that reports the
organization	's liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of t	he footnote has been provided in Part XIII . \square
	300		Schedule D (Form 990) 2019

Part		Return.
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities , , , , , ,	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	15 15 15 15 15 15 15 15 15 15 15 15 15 1
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	· <u>4</u>
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Section for the control of the contr
а	Donated services and use of facilities 2a	
b	Prior year adjustments	
C	Other losses	3
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	<u> </u>
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	

Schedule D (Form 990) 2019 Page 5					
Part XIII	Supplemental Information (continued)				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
SOUTH FLORIDA MUSICIANS UNION	59-0358930
Pt VI, Line 11b: FURNITURE & EQUIPMENT	

£ 9.8.4. 8	,