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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| B Gross C Name of organization D Employer Identification number PLORIDA SCHOOL MUSIC ASSOCIATION, INC. | ΑΙ | For the | e 2022 calendar year, or tax year beginning $$ JUL 1 , $$ 2022 $$ and ending | JUN 30, 2023 | |
|--|------------|-----------------------|--|--|--|
| Table PEORTHON MISTER ASSOCIATION True | В | Check if applicabl | C Name of organization | D Employer identific | cation number |
| Section Desires Section Sect | | | FLORIDA SCHOOL MUSIC ASSOCIATION, INC. | | |
| Mumber and street (or P.I. box if mail is not delivered to Street address) Boundsate E Telephonen number So - 978 - 644 | F | Name | | 52-20921 | 92 |
| March A A C OFFICE PLAZA DRIVE 850-878-6844 85,937. | F | Initial | * | | |
| City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town, state or province, country, and 2P or foreign postal code City or town and state state of the country, and 2P or foreign postal code City or town and state state state state or province, country, and 2P or foreign postal code City or foreign postal code | F | Final | 402 OFFICE DIAZA DRIVE | | |
| TALLAHASSEE, FL 32301-8303 H(a) Is this a group return for subcordinates? Yes X No No No No No No No | | termin | | | |
| September Fame and address of principal officer. KATHLEEN D. SANZ, PH.D. However, Performance Fame and address of principal officer. KATHLEEN D. SANZ, PH.D. However, Performance Test T | | | | H(a) Is this a group re | |
| SAME AS C ABOVE High year and processing states State | | Application | F Name and address of principal officer: KAIRLEEN D. SANZ, FR.D. | | |
| J Website: FSMA, PLMUSTCED, ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile: FL Part Summary Part Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0 Part Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0 2 | | pendir | | | cluded? Yes No |
| Form of regarization: X Corporation Trust Association Other L Year of formation: 1997 M State of legal domicial: FL | Τ. | Tax-ex | empt status: \mathbf{X} 501(c)(3) \mathbf{S} 501(c) () (insert no.) \mathbf{S} 4947(a)(1) or \mathbf{S} | 527 If "No," attach a | list. See instructions |
| Part I Summary | J | Websi | te: FSMA.FLMUSICED.ORG | H(c) Group exemptio | n number |
| Principle Prin | | | organization: X Corporation Trust Association Other L Y | ear of formation: 1997 $ m 	extsf{	iny N}$ | 1 State of legal domicile: ${f FL}$ |
| 2 Check this box | Pa | _ | | | |
| S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S O | a) | 1 | Briefly describe the organization's mission or most significant activities: SEE SCHE | DULE O | |
| S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S O | Š | | | | |
| S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S O | rna | 2 | Check this box if the organization discontinued its operations or disposed of m | 1 1 | |
| S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S O | ŏ | 3 | | | |
| B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year | დ ფ | 4 | | | |
| B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year | es | 5 | | | |
| B Net unrelated business taxable income from Form 990-T, Part I, line 11 To Current Year | Ĭ | 6 | | | |
| Prior Year | Act | 7 a | | | |
| 8 Contributions and grants (Part VIII, line 1h) | | b | Net unrelated business taxable income from Form 990-1, Part I, line 11 | | |
| 9 | | | Onethib, things and supple (Doub) (III line 1b) | | |
| Total revenue (Part VIII, column (A), lines 5, 62, 52, 102, and 116) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 End of Year Dart II Signature Block Index penses or flow 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. Part II Signature Block Index penses MOORE & CO., P.L. Proparer Firm's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no. 850-386-6184 | ne | l ° | | | |
| Total revenue (Part VIII, column (A), lines 5, 62, 52, 102, and 116) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 End of Year Dart II Signature Block Index penses or flow 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. Part II Signature Block Index penses MOORE & CO., P.L. Proparer Firm's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no. 850-386-6184 | Ven | 10 | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 452,314 | Be | 10 | | | |
| 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) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 | _ | | | | |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 | | 1 | D (1) (1) (D (1)(4) (1) (4) | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 | | 45 | | | |
| 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 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 23 Index 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. Sign Signature of officer RATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name NADIA H. BATEY | ses | 16a | | | |
| 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 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 23 Index 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. Sign Signature of officer RATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name NADIA H. BATEY | ber | . b | • 1 | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 455,923. 470,236. 19 Revenue less expenses. Subtract line 18 from line 12 -3,609. 15,701. 20 Total assets (Part X, line 16) 532,892. 585,720. 21 Total liabilities (Part X, line 26) 106,060. 144,171. 22 Net assets or fund balances. Subtract line 21 from line 20 426,832. 441,549. 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. | ŭ | 17 | - | 455,923. | 470,236. |
| 19 Revenue less expenses. Subtract line 18 from line 12 -3,609. 15,701. | | | | 455,923. | 470,236. |
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| 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. Sign | sets | 20 | Total assets (Part X, line 16) | | |
| 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. Sign | TAS TAS | 21 | Total liabilities (Part X, line 26) | | |
| 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. Sign Signature of officer EXATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature NADIA H. BATEY NADIA H. BATEY Date Print/Type preparer's name NADIA H. BATEY NADIA H. BATEY Firm's name JAMES MOORE & CO., P.L. Firm's EIN 59-3204548 Phone no. 850-386-6184 | | 22 | | 426,832. | 441,549. |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date KATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date NADIA H. BATEY NADIA H. BATEY 01/22/24 self-employed P01452380 Preparer Firm's name JAMES MOORE & CO., P.L. Firm's EIN 59-3204548 Use Only Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no.850-386-6184 | | | | | |
| Sign Here KATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name NADIA H. BATEY NADIA H. BATEY NADIA H. BATEY Preparer Firm's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Poate Date O1/22/24 Firm's ElN 59-3204548 Phone no.850-386-6184 | | | | | knowledge and belief, it is |
| Here KATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Print/Type preparer's name NADIA H. BATEY NADIA H. BATEY NADIA H. BATEY Print's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no.850-386-6184 | true | , correc | rt, and complete. Declaration of preparer (other than officer) is based on all information of which preparer. | arer has any knowledge. | |
| Here KATHLEEN D. SANZ, PH.D., EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Print/Type preparer's name NADIA H. BATEY NADIA H. BATEY NADIA H. BATEY Print's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no.850-386-6184 | ٠. | | Signature of officer | Data | |
| Type or print name and title Print/Type preparer's name Paid NADIA H. BATEY NADIA H. BATEY Preparer Firm's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no.850-386-6184 | | | | Date | |
| Print/Type preparer's name Preparer's signature Date Check PTIN | не | e | | | |
| Paid NADIA H. BATEY NADIA H. BATEY 01/22/24 fraction Point Point | | | | Date Check | PTIN |
| Preparer Firm's name JAMES MOORE & CO., P.L. Firm's EIN 59-3204548 Use Only Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 Phone no.850-386-6184 | Paid | 4 | | | |
| Use Only Firm's address 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 Phone no.850-386-6184 | | | | | |
| TALLAHASSEE, FL 32308-4386 Phone no. 850-386-6184 | | | | FIIII S EIN J | <i>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i> |
| | 036 | Jilly | | Phone no 85 | 0-386-6184 |
| | Ma' | v the IF | · · · · · · · · · · · · · · · · · · · | Trilone no. 0 3 | X Yes No |

| | Check if Schedule O contains a response or note to any line in this Part III | |
|-----|--|------|
| 1 | Briefly describe the organization's mission: | |
| • | THE MISSION OF THE FLORIDA SCHOOL MUSIC ASSOCIATION IS TO PROVIDE | |
| | LEADERSHIP, ADVOCACY, AND SERVICES FOR SCHOOL MUSIC PROGRAMS IN | |
| | SUPPORT OF QUALITY MUSIC EDUCATION EXPERIENCES FOR STUDENTS. | |
| | ~ | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | ON 🖸 |
| | 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? | ON 🔼 |
| | 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 \$ | |
| | IN ACCOMPLISHING ITS PURPOSE, THE FOLLOWING AREAS ARE OF IMPORTANCE: 1 | .) |
| | THE HIGHEST QUALITY MUSIC PERFORMANCE ASSESSMENTS AVAILABLE IN THE | |
| | NATION AND CONTINUAL EVALUATION FOR THE QUALITY OF THE MPA EXPERIENCE; | |
| | 2) CULTIVATING EXCELLENCE OF FLORIDA MUSIC PROGRAMS FOR ALL STUDENTS; | |
| | 3) MODELS FOR AND TOOLS TO RECOGNIZE BEST PRACTICES IN EXCELLENT MUSIC | |
| | PROGRAMS; AND 4) EVENTS SANCTIONED BY FSMA SHALL BE SAFE AND FISCALLY | |
| | RESPONSIBLE, PROVIDE EQUITY IN ADJUDICATION ACROSS THE STATE, AND | |
| | PROVIDE STUDENT ACCESS TO PROGRAMS. | |
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| | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | - |
| 40 | (Code:) (Expenses \$ | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
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| 4d | Other program services (Describe on Schedule O.) | |
| ··u | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 382,092. | |

| | | | Yes | No |
|-----|--|----------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | X |
| 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 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | <u> </u> | | |
| Ü | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | ۳ | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 40 | | X |
| | 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, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | ,, |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | ا |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | l |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 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 | | х |
| 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 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | domestic government on hair in, column hy, into his in thes, colliplete officeurie i, Farts Land II | | L | |

Form 990 (2022) FLORIDA SCHOOL MUSIC ASSOCIATION, INC.
Part IV Checklist of Required Schedules (continued)

| | | | 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | ٦, |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 050 | | x |
| L | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| ь | 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 | 25b | | x |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | |
| 20 | 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 | | x |
| 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 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | - v |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| 37 | | 27 | | х |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 37 | | |
| 30 | | 38 | Х | |
| Par | | . 30 | | |
| | 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 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| | | | 000 | |

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

| | | | Yes | No | | | | |
|--------|---|----------------------|-----|----------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | |
| | 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 \$100,000, and did the organization solicit | | | ,, | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7. | | x | | | | |
| لم | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | 7c | | | | | | |
| d | | 7e | | х | | | | |
| e f | Did the constitution desired the constitution of the distribution | 7 6 7f | | X | | | | |
| g | If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 1 | | | | |
| 9 h | If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C? | 79 7h | | | | | | |
| 8 | 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? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| _ | organization is licensed to issue qualified health plans Star the amount of receives an hand | | | | | | | |
| | Enter the amount of reserves on hand Did the examination receive any payments for indeer tenning conjugation the tay year? | 140 | | Х | | | | |
| | 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 Schedule O | 14a 14b | | <u> </u> | | | | |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 140 | | | | | | |
| 13 | | 15 | | x | | | | |
| | excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | |
| | If "Yes." complete Form 6069. | Ė | | | | | | |

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.

| | to mile ea, ea, or rob solom, december the cheanistances, proceeded, or changes on consequence. | | | 77 | | | | | | |
|----------|---|--------|---------|-----|--|--|--|--|--|--|
| <u> </u> | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | |
| Sec | tion A. Governing Body and Management | | | ı | | | | | | |
| | | | 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 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 4 | X | Х | | | | | | |
| 4 | | | | | | | | | | |
| 5 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | X | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | 7a | X | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| | persons other than the governing body? | 7b | X | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | |
| 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 on Schedule O | 9 | | X | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 12a | X | | | | | | | |
| 12a | 2a 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? | 12b | X | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | |
| | on Schedule O how this was done | 12c | X | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | |
| b | Other officers or key employees of the organization | 15b | | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | | |
| 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? | 16b | | | | | | | | |
| | tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availal | ole | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | X Own website 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 | financ | cial | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | |
| | THE ORGANIZATION - 850-878-6844 | | | | | | | | | |
| | 402 OFFICE PLAZA DRIVE, TALLAHASSEE, FL 32301-8303 | | | | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | | |
|--|-------------------|---------------------|---|---------|--------------|---------------------------------|--------------|---------------------------------|------------------------------|--------------------------|--|
| (A) | (B) | | (C) | | | | | (D) | (E) | (F) | |
| Name and title | Average | (do | Position (do not check more than one | | | | nne | Reportable | Reportable | Estimated | |
| | hours per | box | box, unless person is bo officer and a director/tru | | s both | n an | compensation | compensation | amount of | | |
| | week | | cer an | id a di | recto | r/trus | tee) | from | from related | other | |
| | (list any | irecto | | | | | | the | organizations | compensation | |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization | |
| | organizations | trustee or director | l trus | | 99/ | npen | | 1099-NEC) | 1099-1420) | and related | |
| | below | dual t | In stit utio nal tru stee | _ | oldm | st col | ie. | 1000 (120) | | organizations | |
| | line) | Individual t | Instit | Officer | Key employee | Highest compensated employee | Former | | | · · | |
| (1) KATHLEEN SANZ | 20.00 | | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 0. | 0. | 0. | |
| (2) JANE GOODWIN | 3.00 | | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. | |
| (3) BILL SLAYTON | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (4) RUSSELL HUGHES | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (5) BOB SHAYMAN | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (6) BENNY L. BOLDEN, JR., PHD | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (7) JEANNE REYNOLDS | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (8) VICKY EVELO | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (9) STEPHEN GABIN | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (10) VIVIAN GONZALEZ | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (11) JEFF CAYER | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (12) LINDSEY WILLIAMS, PHD | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (13) CHERI SLEEPER | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (14) DAVID PLETINCKS | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (15) NEIL JENKINS | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |
| (16) MICHAEL DYE | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | L | | L | | | 0. | 0. | 0. | |
| (17) DON LANGLAND | 3.00 | | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. | |

Form **990** (2022)

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hi | ghes | t C | ompensated Employee | s (continued) | | | | |
|---|-------------------|-----------------------|---------------------------|---------|--------------|---------------------------------|--------|----------------------------|-------------------|-------|----------|-------------------|------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | | Posi | | າ than ເ | nne | Reportable | Reportable |) | Est | imate | d |
| | hours per | box | , unle | ss per | rson i | is both | n an | compensation | compensation | on | am | ount c | of |
| | week | - | cer an | id a di | recto | or/trus | tee) | from | from related | | l | other | |
| | (list any | director | | | | | | the | organization | | | ensat | |
| | hours for related | or di | e e | | | ated | | organization | (W-2/1099-MI | | l | m the | |
| | organizations | ustee | trust | | 9 | Suedi | | (W-2/1099-MISC/ | 1099-NEC) |) | ı - | nizatio relate | |
| | below | ualtr | tional | | ploye | t con | _ | 1099-NEC) | | | l | nizatio | |
| | line) | Individual trustee or | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | | orgai | inzatio | ,,,, |
| | | = | = | 0 | × | Τ 60 | ш. | | | | | | |
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| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. |
| 2 Total number of individuals (including but n | | | | | | | | eceived more than \$100, | 000 of reportable | e | | | |
| compensation from the organization | | | | | | | | | · | | | | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, truste | ee, k | сеу е | empl | oye | e, or | hig | hest compensated empl | loyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | | е со | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | Jf | for such individual | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a | accrue compen | sati | on fr | om | any | unre | elate | ed organization or individ | dual for services | | | | |
| rendered to the organization? If "Yes." com | plete Schedule | e J fo | or su | ıch r | oers | on | | | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated ind | lepe | nder | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of com | pensa | tion fro | m | |
| the organization. Report compensation for | the calendar ye | ear e | ndir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | | | |
| (A) | | | | | | | | (B) | | | (C) |) | |
| Name and business | | | | | | | | Description of s | ervices | C | compen | sation | 1 |
| CENTER FOR FINE ARTS EDUC | - | | - | | | | | | | | | | |
| OFFICE PLAZA DRIVE, TALLA | HASSEE, | F | L_ | 32 | <u> 30</u> | 1 | _ | MANAGEMENT S | ERVICES | | 257 | 7,75 | 0. |
| | | | | | | | | | | | | | |
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| | | | | _ | _ | | | | | | | | |
| 2 Total number of independent contractors (in | ncluding but no | ot lin | nited | to t | thos | se lis | ted | above) who received mo | ore than | | | | |

1

\$100,000 of compensation from the organization

| | Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | | |
|--|---|------------------------------------|----------------|--------------|---------------|---------------|------------------------------------|----------------------------|---------------------------------|--|--|--|
| | | | | | | (A) | (B) | (C) | (D) | | | |
| | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under | | | |
| | | | | | | | lunction revenue | business revenue | sections 512 - 514 | | | |
| S S | 1 a | Federated campaigns | 1a | | | | | | | | | |
| an | b | | | | 394,203. | | | | | | | |
| تِ ق | | | | | , | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Related organizations | | | | | | | | | | |
| | | 0 | | | 64,522. | | | | | | | |
| Sir | | All other contributions, gifts, gr | | | 01,011 | | | | | | | |
| et je | • | similar amounts not included al | | | | | | | | | | |
| 흕 | ~ | | | 4 | | | | | | | | |
| o d | g | Total. Add lines 1a-1f | es ia-ii [19] | ĮΨ | | 458,725. | | | | | | |
| 0 10 | | Total: Add lines 1a-11 | | | Business Code | 13077231 | | | | | | |
| | 2 a | MUSIC PERFORMA | NCE AS | SE. | 900099 | 18,176. | 18,176. | | | | | |
| /ice | _ | | | | 300033 | 10,170. | 10,170 | | | | | |
| er. | b | | | | | | | | | | | |
| m S | C | | | | | | | | | | | |
| gra Re | d | | | | | | | | | | | |
| Program Service Revenue | e | A.III | | | | | | | | | | |
| ъ. | Ť | All other program service re | | | | 18,176. | | | | | | |
| - | g | Total. Add lines 2a-2f | | | | 10,1/0. | | | | | | |
| | 3 | Investment income (includir | | | | 0 026 | | | 0 026 | | | |
| | | | | | | 9,036. | | | 9,036. | | | |
| | 4 | Income from investment of | = | - | roceeds | | | | | | | |
| | 5 | Royalties | () D- | | (") D | | | | | | | |
| | | | (i) Re | aı | (ii) Personal | | | | | | | |
| | 6 a | | 6a | | | | | | | | | |
| | b | | 6b | | | | | | | | | |
| | С | (, , _ | 6c | | | | | | | | | |
| | d | Net rental income or (loss) | | | | | | | | | | |
| | 7 a | Gross amount from sales of | (i) Secur | ities | (ii) Other | | | | | | | |
| | | assets other than inventory | 7a | | | | | | | | | |
| | b | Less: cost or other basis | | | | | | | | | | |
| ne | | | 7b | | | | | | | | | |
| Revenue | С | Gain or (loss) | 7c | | | | | | | | | |
| Be | d | Net gain or (loss) | | <u></u> | | | | | | | | |
| ther | 8 a | Gross income from fundraising | events (not | | | | | | | | | |
| ₹ | | including \$ | of | | | | | | | | | |
| | | contributions reported on lin | ne 1c). See | | | | | | | | | |
| | | Part IV, line 18 | | 8a | | | | | | | | |
| | b | Less: direct expenses | | 8b | | | | | | | | |
| | С | Net income or (loss) from fu | ndraising eve | ent <u>s</u> | | | | | | | | |
| | 9 a | Gross income from gaming | activities. Se | e | | | | | | | | |
| | | Part IV, line 19 | | 9a | | | | | | | | |
| | b | Less: direct expenses | | 9b | | | | | | | | |
| | С | Net income or (loss) from ga | aming activiti | es | | | | | | | | |
| | 10 a | Gross sales of inventory, les | ss returns | | | | | | | | | |
| | | and allowances | | 10a | l | | | | | | | |
| | b | Less: cost of goods sold | | - 1 | | | | | | | | |
| | | Net income or (loss) from sa | | | | | | | | | | |
| | | | | | Business Code | | | | | | | |
| sno (| 11 a | | | | | | | | | | | |
| E SE | b | | | | | | | | | | | |
| Miscellaneous Revenue | С | | | | | | | | | | | |
| lsc R | | All other revenue | | | | | | | | | | |
| ≥ | | Total. Add lines 11a-11d | | | | | | | | | | |
| | 12 | Total revenue. See instructions | | | | 485,937. | 18,176. | 0. | 9,036. | | | |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 257,750. 202,849. 54,901. Management Legal 37,130. 2,477. 34,653. Accounting 16,965. 16,965. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 959. 755. 204. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 51,940. 27,565. 24,375. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 29,046. 22,859. 6,187. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 13,989. 13,989. 23 Other expenses. Itemize expenses not covered 24 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.) 62,457. 62,457. COMPONENT SUPPORT d All other expenses 470,236. 382,092. 88,144. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

| Pa | rt X | Balance Sheet | | | | |
|-----------------------------|------|---|------------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note | e to any line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 197,405. | 1 | 245,667. |
| | 2 | Savings and temporary cash investments | | 207,613. | 2 | 216,450. |
| | 3 | Pledges and grants receivable, net | | - | 3 | |
| | 4 | Accounts receivable, net | | 4,864. | 4 | 4,973. |
| | 5 | Loans and other receivables from any current or | | | | |
| | | trustee, key employee, creator or founder, substa | antial contributor, or 35% | | | |
| | | controlled entity or family member of any of these | e persons | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | | | | |
| | | under section 4958(f)(1)), and persons described | in section 4958(c)(3)(B) | | 6 | |
| Ŋ | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| ¥ | 9 | B | | 15,164. | 9 | 12,964. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line 1 | 107,846. | 12 | 105,666. | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | 532,892. | 16 | 585,720. |
| | 17 | Accounts payable and accrued expenses | | 2,047. | 17 | 18,750. |
| | 18 | Grants payable | 102 017 | 18 | 104 000 | |
| | 19 | Deferred revenue | | 103,817. | 19 | 124,880. |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | 21 | |
| ies | 22 | Loans and other payables to any current or former | | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | | | 22 | |
| <u>E</u> . | 23 | controlled entity or family member of any of these Secured mortgages and notes payable to unrelate | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | 24 | |
| | 23 | parties, and other liabilities not included on lines | | | | |
| | | of Schedule D | | 196. | 25 | 541. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 106,060. | 26 | 144,171. |
| | | Organizations that follow FASB ASC 958, chec | ck here X | | | , |
| es | | and complete lines 27, 28, 32, and 33. | | | | |
| anc | 27 | | | 426,832. | 27 | 441,549. |
| Bali | 28 | | | - | 28 | |
| 2 | | Organizations that do not follow FASB ASC 95 | | | | |
| Ψ | | and complete lines 29 through 33. | | | | |
| ğ | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equ | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | | 31 | |
| Net | 32 | Total net assets or fund balances | | 426,832. | 32 | 441,549. |
| | 33 | Total liabilities and net assets/fund balances | | 532,892. | 33 | 585,720. |

Form **990** (2022)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

За

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

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

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|----------------------|----------------------|-----------------------|----------------------------|---------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | _ |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | , | <u> </u> | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | · · | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | | | | • | . , . , | |
| Sec | organization, check this box and stop ction C. Computation of Publi | | | | | <u></u> | |
| | Public support percentage for 2022 (I | | | column (f)) | | 14 | % |
| | Public support percentage from 2021 | | | | | 15 | / 6 |
| | 33 1/3% support test - 2022. If the o | | | | | | |
| | stop here. The organization qualifies | - | | | | | |
| b | 33 1/3% support test - 2021. If the o | | ~ | | | | |
| | and stop here. The organization qual | | | | | , | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a pu | ublicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | ck this box and s | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | ne organization qu | alifies as a publicly | supported organi | zation | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | · |
| | | | | | | | |

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.)

| Se | ction A. Public Support | elow, please comp | lete Part II.) | | | | |
|------|--|----------------------|----------------------|-----------------------|---------------------|----------------------------|---|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | (u) = 0 · 0 | (2) 20 10 | (0) = 0 = 0 | (4,) = 3 = 1 | (0) = 0 = 0 | (1) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 400,093. | 413,045. | 389,952. | 430,602. | 458,725. | 2092417. |
| 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 | 21,797. | 17,110. | 5,343. | 16,673. | 18,176. | 79,099. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 421,890. | 430,155. | 395,295. | 447,275. | 476,901. | 2171516. |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 2171516. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 421,890. | 430,155. | 395,295. | 447,275. | 476,901. | 2171516. |
| 10a | dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 6,415. | 4,400. | 3,056. | 5,039. | 9,036. | 27,946. |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| , | Add lines 10a and 10b | 6,415. | 4,400. | 3,056. | 5,039. | 9,036. | 27,946. |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 0 / 110 0 | 171000 | 370333 | 370030 | 370000 | 27/3200 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 428,305. | 434,555. | 398,351. | 452,314. | 485,937. | 2199462. |
| 14 | First 5 years. If the Form 990 is for the | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | n, |
| | | | | | | | |
| | ction C. Computation of Publi | | | | | г | |
| | Public support percentage for 2022 (li | | | olumn (f)) | | 15 | 98.73 % |
| | Public support percentage from 2021 | | | | | 16 | 98.88 % |
| | ction D. Computation of Inves | | | | | | 1 07 |
| | Investment income percentage for 20 | • | • | | | 17 | $\begin{array}{c cc} 1.27 & \% \\ \hline 1.12 & \% \end{array}$ |
| | | | | | | 18 0.1/00/ and line 1 | ,,, |
| 198 | a 33 1/3% support tests - 2022. If the | | | | | | 77 |
| k | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, a | nd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a l | oox on line 14, 19a | a, or 19b, check th | is box and see ins | tructions | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Vss | N- |
|------|----------------|-------|------|
| | | Yes | No |
| | | | |
| | 1 | | |
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| | 2 | | |
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| | 9a | | |
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| | 9c | | |
| | | | |
| | 10a | | |
| | | | |
| مارر | 10b A (Forn | n gan | 2022 |
| uie | - A (FUIT | いっつつい | 24// |

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

2b

За

| Sche | edule A (Form 990) 2022 FLORIDA SCHOOL MUSIC AS | | | 52-2092192 Page 6 |
|------|---|-------------|---------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orgar | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on | Nov. 20, 1970 (explain i | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| | Adjusted Net moonie | | (ryr nor rear | (optional) |
| 1_ | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |

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

5

6

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| | t V Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | | ıed) | Z ZOJZIJZ Page / |
|------|---|-------------------------------|---------------------------------------|-------------|---|
| | on D - Distributions | 17(-71-13 3 | (COMMING | <i>ieu)</i> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | <u> </u> | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | 5 | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ıs | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| u | E (0000 | | | | |

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

INC.

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

FLORIDA SCHOOL MUSIC ASSOCIATION,

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

52-2092192

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Name of organization Employer identification number

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

52-2092192

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | STATE OF FLORIDA, DEPARTMENT OF STATE, DIVISION OF ARTS AND CULTURE 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399 | \$64,522. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Name, address, and ZiF + 4 | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

52-2092192

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | | |
|------------------------------|---|---|----------------------|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | | |
| | | | | | | | |

Page 4 Schedule B (Form 990) (2022) Name of organization Employer identification number 52-2092192 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 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. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| _ | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | Section 50 1(c)(4), (5), or (6) organiza | tions. Complete Part III. | | | | |
|-----|---|-----------------------------------|-------------------------|--|--------|---|
| Nam | ne of organization | | | En | nploy | er identification number |
| | FLORIDA | SCHOOL MUSIC AS | SSOCIATION, I | INC. | | 52-2092192 |
| Pa | rt I-A Complete if the org | janization is exempt und | der section 501(c) d | or is a section 527 o | orga | nization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa | tures | | | | |
| Pa | rt I-B Complete if the org | janization is exempt und | der section 501(c)(| 3). | | |
| 1 | Enter the amount of any excise tax | incurred by the organization un | der section 4955 | | \$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manage | gers under section 4955 | | \$ | |
| 3 | If the organization incurred a section | n 4955 tax, did it file Form 4720 | o for this year? | | | Yes No |
| 4a | Was a correction made? | | | | | Yes No |
| _ b | If "Yes," describe in Part IV. | | | | | |
| | rt I-C Complete if the org | - | | - | | - |
| | Enter the amount directly expended | | | | \$_ | |
| 2 | Enter the amount of the filing organ | | • | | | |
| | exempt function activities | \$ <u></u> | | | | |
| | Total exempt function expenditures | | | | | |
| | line 17b | | | | | |
| | Did the filing organization file Form | | Yes No | | | |
| 5 | Enter the names, addresses and en made payments. For each organiza | | | | | |
| | contributions received that were pr | · | | | | • |
| | political action committee (PAC). If | | | · · · · · · · · · · · · · · · · · · · | 1410 0 | ogrogatou ranta or a |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | | (e) Amount of political |
| | | | | filing organization's funds. If none, enter -0 | | ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Schedule C (Form 990) 2022 Part II-A Complete if the org | FLORIDA SCH | OOL MUSIC AS | SSOCIATION , o 501(c)(3) and file | INC. 52-2 d Form 5768 (ele | 092192 ction und | Page 2 |
|---|--|---------------------------|---|--|---------------------|--------------|
| expenses, and sha | re of excess lobbying e | expenditures). | Part IV each affiliated | group member's name | e, address, E | in, |
| Lim | ation checked box A ar its on Lobbying Exper ditures" means amou | nditures | | (a) Filing organization's totals | (b) Affiliate | |
| 1a Total lobbying expenditures to inflb Total lobbying expenditures to inflc Total lobbying expenditures (add l | uence a legislative bod | ly (direct lobbying) | | 5,598. 11,367. 16,965. | | |
| d Other exempt purpose expenditur | | | | 453,271. | | |
| e Total exempt purpose expenditure | | 470,236. | | | | |
| f Lobbying nontaxable amount. Ent | er the amount from the | e following table in both | n columns. | 94,047. | | |
| If the amount on line 1e, column (a) | or (b) is: The lob | bying nontaxable am | ount is: | | | |
| Not over \$500,000 | | the amount on line 1e. | | | | |
| Over \$500,000 but not over \$1,00 | 0,000 \$100,00 | 00 plus 15% of the exce | ess over \$500,000. | | | |
| Over \$1,000,000 but not over \$1,5 | | | | | | |
| Over \$1,500,000 but not over \$17 | | | | | | |
| Over \$17,000,000 | | | | | | |
| | | | | | | |
| g Grassroots nontaxable amount (er | 23,512. | | | | | |
| h Subtract line 1g from line 1a. If zer | ro or less, enter -0 | | | 0. | | |
| i Subtract line 1f from line 1c. If zer | 0. | | | | | |
| j If there is an amount other than ze | ero on either line 1h or l | line 1i, did the organiza | ation file Form 4720 | _ | | |
| reporting section 4911 tax for this | year? | | | | Yes | No |
| (Some organizations t | hat made a section 50 See the separa | ate instructions for lin | nave to complete all ones 2a through 2f.) | f the five columns be | low. | |
| | Lobbying Exper | nditures During 4-Yea | r Averaging Period | | T | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) T | otal |
| 2a Lobbying nontaxable amount | 84,843. | 67,239. | 91,185. | 94,047. | 337 | ,314. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 505 | <u>,971.</u> |
| c Total lobbying expenditures | 15,600. | 7,800. | 19,500. | 16,965. | 59 | ,865. |
| d Grassroots nontaxable amount | 21,211. | 16,810. | 22,796. | 23,512. | 84 | ,329. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 126 | ,494. |

2,574.

6,435.

5,148.

Schedule C (Form 990) 2022

19,755.

5,598.

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5), | No Or sec | Amo | bunt |
|---|----------|-----------|------|------|
| local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5), | or sec | | |
| or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1(c)(5), | or sec | | |
| a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1(c)(5), | or sec | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1(c)(5), | or sec | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1(c)(5), | or sec | | |
| d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5), | or sec | | |
| d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5), | or sec | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1(c)(5), | or sec | | |
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| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5), | or sec | | |
| i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). | 1(c)(5), | or sec | | |
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| Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? | 1(c)(5), | or sec | | |
| Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? | 1(c)(5), | or sec | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? | 1(c)(5), | or sec | | |
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| 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? | 1(c)(5), | or sec | | |
| 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? | 1(c)(5), | or sec | | |
| Were substantially all (90% or more) dues received nondeductible by members? | | | tion | |
| | | | Yes | N |
| | | 1 | | |
| | | | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the price | | 3 | | |
| answered "Yes." 1 Dues, assessments and similar amounts from members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | - | | |
| expenses for which the section 527(f) tax was paid). | | | | |
| a Current year | | 2a | | |
| b Carryover from last year | | 2b | | |
| c Total | | 2c | | |
| | | | | |
| 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 | | | | |
| | | _ | | |
| expenditures next year? | | 141 | | |
| expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions | | 5 | | |

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 Inspection

Name of the organization

FLORIDA SCHOOL MUSIC ASSOCIATION, INC. **Employer identification number** 52-2092192

| Pai | TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the | | | | |
|-----|--|---|--------------------------------------|--|--|--|--|
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor advis | sed funds | | | | |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors 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? | | Yes No | | | | |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, line 7. | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | ` | | | | | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation o | f a historically important land area | | | | |
| | Protection of natural habitat | Preservation o | f a certified historic structure | | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | |
| а | Total number of conservation easements | | 1 1 | | | | |
| b | | | | | | | |
| | Number of conservation easements on a certified historic stru | | 2c | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | | |
| | historic structure listed in the National Register | | | | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax | | | | |
| | year | | | | | | |
| 4 | Number of states where property subject to conservation ease | | | | | | |
| 5 | Does the organization have a written policy regarding the peri | | | | | | |
| _ | violations, and enforcement of the conservation easements it holds? | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing con | servation easements during the year | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ling of violations, and enforcing conserva | ation easements during the year | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | (h)(4)(B)(i) | | | | |
| Ū | and section 170(h)(4)(B)(ii)? | • | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | | | |
| · | balance sheet, and include, if applicable, the text of the footnote | • | | | | | |
| | organization's accounting for conservation easements. | | ionic that goodhood the | | | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Similar Assets. | | | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statement a | and balance sheet works | | | | |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in for | urtherance of public | | | | |
| | service, provide in Part XIII the text of the footnote to its finan- | cial statements that describes these iten | ns. | | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, 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 furt | herance of public service, | | | | |
| | provide the following amounts relating to these items: | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ | | | | |
| | (m) 4 | | • | | | | |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financia | al gain, provide | | | | |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these items: | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ | | | | |
| b | Assets included in Form 990, Part X | | | | | | |

| | dule D (Form 990) 2022 FLORIDA S | | | | | | . 0::1 | 52-20 | | | age 2 |
|---------|---|--------------------|------------|---------------|----------------|-----------|-----------|--------------|------------------|---------------|-----------|
| Par | t III Organizations Maintaining Coll | ections of Ar | t, Histo | oricai i re | easures, o | r Otner | Simila | ar Assets | (conti | nued) | |
| 3 | Using the organization's acquisition, accession, | and other record | ls, check | any of the f | following that | t make si | gnificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | C | <u> </u> | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | • | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's collection | ctions and explai | n how th | ey further th | ne organizatio | on's exen | npt purp | ose in Part | XIII. | | |
| 5 | During the year, did the organization solicit or re | | | | • | | | | _ | | _ |
| | to be sold to raise funds rather than to be maint | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrange | | ete if the | organizatio | n answered ' | "Yes" on | Form 99 | 00, Part IV, | line 9, or | • | |
| | reported an amount on Form 990, Part X | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | | | | | | | | ٦., | _ | ٦ |
| _ | on Form 990, Part X? | | | | | | | L | 」Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII and | I complete the fo | llowing t | able: | | | | | Amour | | |
| | Decimals a halous | | | | | | - | | Amour | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| _ | Distributions during the year | | | | | | | | | | |
| t O- | Ending balance | | | | | | | | Yes | $\overline{}$ | T NIC |
| | Did the organization include an amount on Form | | | | | | | | _ | H | ∐ No □ |
| Par | If "Yes," explain the arrangement in Part XIII. Che tV Endowment Funds. Complete if the | | | | | | | | | | |
| | | a) Current year | 1 | rior year | (c) Two yea | | | years back | (e) Fou | r vears | back |
| 1a | Beginning of year balance | , | | | ., | | , | , | , , | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| • | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the current | year end balanc | e (line 1 | g, column (a) |)) held as: | | | | • | | |
| а | Board designated or quasi-endowment | • | % | | • | | | | | | |
| | Permanent endowment | % | _ | | | | | | | | |
| | Term endowment% | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the possession | on of the organiza | ation tha | t are held ar | nd administer | ed for th | е | | | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ns listed as requi | red on So | chedule R? | | | | | 3b | | |
| 4_ | Describe in Part XIII the intended uses of the organization | | wment f | unds. | | | | | | | |
| Par | | | | | | | | | | | |
| | Complete if the organization answered "Y | | | | | | | Т | | | |
| | Description of property | (a) Cost or o | | ` ' | or other | | ccumula | | (d) Boo | k valu | е |
| | | basis (investr | nent) | basis | (other) | del | preciatio | n | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| е | Other | | | | | | | | | | |

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| | OOL MUSIC ASSO | OCIATION, INC. | 52-2092192 Page 3 |
|--|------------------------------|---------------------------------|----------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line | 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: C | Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) MUTUAL FUNDS | 105,666. | END-OF-YEAR MA | ARKET VALUE |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 105,666. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | - | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: C | cost or end-of-year market value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |

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

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.

| <u>1. </u> | (a) Description of liability | (b) Book value |
|--|------------------------------|----------------|
| (1) | Federal income taxes | |
| (2) | DEPOSITS DUE TO COMPONENT | |
| (3) | DISTRICTS | 541. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) | | 541. |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FLORIDA SCHOOL MUSIC ASSOCIATION, INC.

Employer identification number 52-2092192

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

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization FLORIDA SCHOOL MUSIC ASSOCIATION, INC. 52-2092192 THE ASSOCIATION MONITORS CONFLICTS OF INTEREST BASED ON THE POLICY ADOPTED IN 2010. FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND 990 AVAILABLE ON ITS WEBSITE. AUDITS AND MINUTES ARE AVAILABLE TO MEMBERS VIA THE WEBSITE. FORM 990, PART XII, LINE 2C THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 52-2092192 FLORIDA SCHOOL MUSIC ASSOCIATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 402 OFFICE PLAZA DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions TALLAHASSEE, FL 32301-8303 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 402 OFFICE PLAZA DRIVE - TALLAHASSEE, FL 32301-8303 Telephone No. ▶ 850-878-6844 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)