

# Community-Based Organization (CBO) Grant Application



Submitted on 2 December 2025, 11:52AM  
Receipt number CBOG72  
Related form version 7

## Grant Overview

Grant Overview Acknowledgement I acknowledge and accept the terms of the grant program

## Applicant Information

Organization Name Miami Youth Orchestra INC.  
Organization Address 8266 NW 33rd terrace Doral FL 33122 No coordinates found  
Unit Number  
Contact Person Maria A. Salas  
Telephone 7862950009  
Email Myomiami@gmail.com  
Federal Employer ID Number (FEIN) number 84-2190598  
Florida Corporation Number N19000006856  
Non-Profit Organization Type 501 (c)(3)  
Year of Incorporation 07/09/2019

## Organization Document Upload

State of Florida Certificate of Incorporation [SUNBIZ.jpg](#)  
Federal 501 (c)(3) Determination Letter [501\(c\)\(3\).jpg](#)  
Federal 501 (c)(6) Determination Letter  
State of Florida Solicitation of Contribution Confirmation Letter [Including link\\_ - ismdoral@gmail.com - Gmail.mhtml](#)  
Certificate of Use from City of Doral [Certificate\\_PLE786898-CEP82237 \(1\).pdf](#)  
Internal Revenue Service (IRS) Form 990

Financial Statement

[PL20242\\_251118\\_132225.pdf](#)

## Vendor Registration Document Upload

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IRS Form W-9

[CBO w9.pdf](#)

Vendor Registration Documents

[JotNot\\_12-02-2025.pdf](#)

## Executive Project Summary

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Name of the community based organization, its mission and goals:

The Miami Youth Orchestra proposes to present Chamber Music Series, a Celebration of pieces of the Baroque and classicism. The program will entail: Individualized coaching by a string, woodwind, vocal and piano. Weekly group rehearsals where students will learn the art of making music as a group (Orchestra). A public Performance at a Venue in Doral, where the whole community is invited to attend. This program will provide a multicultural group of young people, regardless of income.

Why is the program/project needed in Doral?

The Orchestra program is necessary in the city of Doral is that many of our children and youth are increasingly attached to electronic devices, leading to a disconnection from community life. This Orchestra program not only develops musical skills, memory, discipline, and healthy competitiveness, but also strengthens the sense of community, which is essential for our society. In Addition, it encourages socialization, teamwork, and builds the confidence.

Provide narrative detailing the program/project, the objectives and targeted Doral community:

The proposed program is designed to enrich the cultural, educational and social development of the Doral Community, providing high quality music instruction and performance opportunities for children and youth. In a city where young people are increasingly immersed in electronic devices, This project aims to cultivate creativity, discipline, teamwork, and a strong sense of belonging through ensemble participation.

How will the success of the program be measured?

The success of the program will be assessed through a comprehensive set of evaluative measures designed to capture both quantitative and qualitative outcomes. These tools include: Survey distribution and analysis, attendance records, Pre and post performance staff meetings to evaluate internal processes, Budget, income and expenses, Marketing plan analysis to review outreach effectiveness.

How much is the total program/project cost and how much of that cost is being requested from the City?

The Program will Cost: \$ 10,800  
Request : \$6,000

Proposed project date

02/22/2026

## Project Description

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Provide a detailed description of the project for which funding is requested:

This project requests funding to expand a youth music program in Doral, offering high-quality instrumental and vocal training workshops, and performances. The new training requires additional and longer weekly rehearsals and because we use multiple locations, we generally need to rent rehearsal spaces.

## Budget

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Total Project Budget (Enter Dollar Amount)

10800

Other Funding Sources:

Admissions \$ 1,500 Orchestra Fee \$ 1,800 Applicant Cash \$ 2,000

## Project Budget Form

Fill Form Online

Upload Project Budget Form

Project / Program Category

Other

Provide more information below if you selected "Other":

Community -Based Organization (CBO)

## Authorized Signer Information

First Name

Maria

Last Name

Salas

Job Title

Executive and Artistic Director

Telephone

7862950009

Email

myomiami@gmail.com

Authorized Signer



[Link to signature](#)

[Previous On List](#) [Next On List](#) [Return to List](#)

Miami Youth Orchestra

[Events](#) [No Name History](#)

## Detail by Entity Name

Florida Not For Profit Corporation

MIAMI YOUTH ORCHESTRA INC

### Filing Information

Document Number	N19000006856
FEI/EIN Number	84-2190598
Date Filed	06/24/2019
Effective Date	06/24/2019
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/28/2021

### Principal Address

8266 NW 33RD TERRACE  
DORAL, FL 33122

Changed: 11/06/2025

### Mailing Address

8266 NW 33RD TERRACE  
DORAL, FL 33122

Changed: 11/06/2025

### Registered Agent Name & Address

SALAS, MARIA A  
8266 NW 33RD TERRACE  
DORAL, FL 33122

Name Changed: 10/28/2021

Address Changed: 11/06/2025

### Officer/Director Detail

#### Name & Address

Title PSTD

SALAS, MARIA A  
8266 NW 33RD TERRACE  
DORAL, FL 33122

### Annual Reports

Report Year	Filed Date
2024	04/17/2024
2025	04/27/2025
2025	11/06/2025

[View image in PDF format](#)[View image in PDF format](#)[11/06/2025 – AMENDED ANNUAL REPORT](#)[04/27/2025 – ANNUAL REPORT](#)[04/17/2024 – ANNUAL REPORT](#)[04/22/2023 – ANNUAL REPORT](#)[04/30/2022 – ANNUAL REPORT](#)[10/28/2021 – REINSTATEMENT](#)[06/30/2020 – ANNUAL REPORT](#)[06/24/2019 – Domestic Non-Profit](#)[Previous On List](#) [Next On List](#) [Return to List](#)

Miami Youth Orchestra

[Events](#) [No Name History](#)

Date: JUL 09 2019

MIAMI YOUTH ORCHESTRA INC  
880 NW 123RD CT  
MIAMI, FL 33182-0000

Employer Identification Number:  
84-2190598  
DLN:  
26053577003219  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
June 24, 2019  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.



## FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES COMMISSIONER WILTON SIMPSON

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May 15, 2025

Refer To: CH62262

MIAMI YOUTH ORCHESTRA INC.  
7413 TWIN SABAL DR  
MIAMI LAKES, FL 33014-2528

RE: MIAMI YOUTH ORCHESTRA INC.  
REGISTRATION#: CH62262  
EXPIRATION DATE: May 12, 2026

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Debra Pelletier  
Regulatory Consultant  
850-410-3722  
Fax: 850-410-3804  
E-mail: [debra.pelletier@fdacs.gov](mailto:debra.pelletier@fdacs.gov)

# CERTIFICATE OF USE

ISSUE DATE: 12/01/2025

**CERT-006888-2025**

**Miami Youth Orchestra Inc**

**Administrative Office (Home Based Not for Profit)**

**8266 NW 33 TER  
Doral, FL 33122-0000**

THE BUILDING ERECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUIREMENTS AND WITH PLANS AND/OR SPECIFICATIONS SUBMITTED TO THE CITY OF DORAL COMMUNITY DEVELOPMENT DEPARTMENT. THIS CERTIFICATE IS ISSUED TO THE ABOVE-NAMED APPLICANT FOR THE ABOVE-NAMED LOCATION ONLY UPON THE EXPRESS CONDITION THAT THE APPLICANT WILL ABIDE BY AND COMPLY WITH ALL APPLICABLE ORDINANCES AND/OR BUILDING CODES PERTAINING TO THE ERECTION, CONSTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

**Square Footage:** 100

**No. of Seats/Tables:** 0

**No of Units/Spaces:**

**Doral Restrictions:** HOME-BASED BUSINESSES AND HOME OFFICES MUST COMPLY WITH SECTION 559.955, OF THE FLORIDA STATUTES AND CITY OF DORAL ORDINANCE NO. 2022-05. FAILURE TO COMPLY WITH HOME-BASED BUSINESS AND HOME OFFICE REGULATIONS MAY RESULT IN THE REVOCATION OF THE LOCAL BUSINESS TAX RECEIPT.

**Guillermo De Nacimiento**

Acting Assistant Planning & Zoning Director

**PLANNING AND ZONING DEPARTMENT**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/05/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER			CONTACT NAME: Insurance Canopy Program Support	
Insurance Canopy PO Box 34833 North Chesterfield			PHONE (A/C, No. Ext): 844-520-6993	FAX (A/C, No): 801-763-1374
			E-MAIL ADDRESS: info@insurancecanopy.com	
VA 23234			INSURER(S) AFFORDING COVERAGE Great American E&S Insurance Company	NAIC # 26832
INSURED			INSURER B :	
Miami Youth Orchestra 2000 Northwest 89th Place 104 Doral			INSURER C :	
FL 33172			INSURER D :	
			INSURER E :	
			INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	<input checked="" type="checkbox"/> <input type="checkbox"/>	PLE786898-CEP82237	05/15/2022	05/17/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ANIMAL BAILEE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/> <input checked="" type="checkbox"/>				
	AUTOMOBILE LIABILITY	<input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB	<input type="checkbox"/> <input checked="" type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	EXCESS LIAB	<input type="checkbox"/> <input checked="" type="checkbox"/>				
	DED RETENTION \$	<input type="checkbox"/> <input type="checkbox"/>				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/> <input type="checkbox"/>				WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> <input checked="" type="checkbox"/>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder had been added as additional insured regarding the above mentioned policy per attached  
Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)

CERTIFICATE HOLDER	CANCELLATION
Monica Bello 3800 Northwest 115th Avenue Doral, FL 33178	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Schedule**

**Name of Additional Insured Person(s) or Organization(s):**

Monica Bello

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. SECTION II - WHO IS AN INSURED** is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. in the performance of your ongoing operations; or
2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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## Return of Organization Exempt From Income Tax

2024

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

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

, 2024, and ending

, 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

MIAMI YOUTH ORCHESTRA INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

7413 TWIN SABAL DR

City or town, state or province, country, and ZIP or foreign postal code

Miami, FL 33014

D Employer identification number

84-2190598

E Telephone number

7862950009

F Group Exemption  
NumberG Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_I Website: [www.myomiami.org](http://www.myomiami.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527H Check  if the organization is not required to attach Schedule B (Form 990).K Form of organization:  Corporation  Trust  Association  Other: \_\_\_\_\_

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 104,819.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 10,084.
	2 Program service revenue including government fees and contracts . . . . .	2 94,735.
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 104,819.
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13 74,045.
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 7,076.
	15 Printing, publications, postage, and shipping . . . . .	15 117.
	16 Other expenses (describe in Schedule O) . . . . .	16 34,519.
	17 Total expenses. Add lines 10 through 16	17 115,757.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 -10,938.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 17,303.
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 6,365.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

## **Part II Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	15,766.	<b>22</b> 4,828.
<b>23</b>	Land and buildings . . . . .	1,537.	<b>23</b> 1,537.
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .	17,303.	<b>25</b> 6,365.
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	17,303.	<b>27</b> 6,365.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part II

What is the organization's primary exempt purpose? MIAMI YOUTH ORCHESTRA (MUSIC CLASS & EVENTS)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	CHILDRENS TRUST MIGHTYCAUSE		
	(Grants \$ 10,084. ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	28a 10,084.
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	29a
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .		32 10,084.

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARIA SALAS DIRECTOR	40.00	19,600.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	×
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	×
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	×
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	×
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	×
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	×
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	×
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911: _____; section 4912: _____; section 4955: _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	×
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	×
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: MARIA SALAS Telephone no. (786) 295-0009		
Located at: 7413 Twin Sabal Dr, HIALEAH FL ZIP + 4 33014		
b 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)? If "Yes," enter the name of the foreign country:	42b	×
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	×
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	×
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	×
c Did the organization receive any payments for indoor tanning services during the year?	44c	×
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	×
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	×

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . Yes  No

## Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	x
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	x
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	x
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

<b>(a)</b> Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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.

<b>Sign Here</b>	05/06/2025				
	Signature of officer MARIA SALAS, DIRECTOR				
	Date				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JESUS ROMERO	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P02421461
	Firm's name RQ TAX SERVICE		Firm's EIN 83-2771860		
	Firm's address 951 SHOTGUN RD, SUNRISE, FL 33326		Phone no. (786) 972-2843		
May the IRS discuss this return with the preparer shown above? See instructions.					

May the IRS discuss this return with the preparer shown above? See instructions

**Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

<b>Description</b>	<b>Amount</b>
ADMINISTRATIVE SERVICES	14,950.
SUPPLIES	6,997.
PHONE SERVICES	1,497.
INSURANCE	979.
OTHER COST	3,837.
BANK FEES	19.
ACCOUNTING FEES	2,060.
DUE & SUSCRIPTION	1,520.
TRAVEL & MEETINGS	2,660.
<b>Total</b>	<b>34,519.</b>

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024****Open to Public  
Inspection****Name of the organization**

MIAMI YOUTH ORCHESTRA INC

**Employer identification number**

84-2190598

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

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.)*

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

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**.

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

	Yes	No
2a		
2b		
3a		
3b		

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B—Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C—Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(iii) Distributable Amount for 2024</b>
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2024</b>
<b>1</b>	Distributable amount for 2024 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2024	
<b>a</b>	From 2019 . . . . .	
<b>b</b>	From 2020 . . . . .	
<b>c</b>	From 2021 . . . . .	
<b>d</b>	From 2022 . . . . .	
<b>e</b>	From 2023 . . . . .	
<b>f</b>	<b>Total</b> of lines 3a through 3e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2024 distributable amount	
<b>i</b>	Carryover from 2019 not applied (see instructions)	
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
<b>4</b>	Distributions for 2024 from Section D, line 7: \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2024 distributable amount	
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.	
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	
<b>8</b>	Breakdown of line 7:	
<b>a</b>	Excess from 2020 . . .	
<b>b</b>	Excess from 2021 . . .	
<b>c</b>	Excess from 2022 . . .	
<b>d</b>	Excess from 2023 . . .	
<b>e</b>	Excess from 2024 . . .	

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

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

OMB No. 1545-0047

Name of the organization

MIAMI YOUTH ORCHESTRA INC

Employer identification number

84-2190598

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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).

Name of organization

MIAMI YOUTH ORCHESTRA INC

Employer identification number

84-2190598

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CHILDREN'S TRUST 3150 SW 3RD AVE MIAMI FL 33129	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
2	Mightycause PO Box 160. Marianna, FL 32447 MARIANNA FL 32447	\$ 5,084.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-----	-----	\$ -----	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization

MIAMI YOUTH ORCHESTRA INC

Employer identification number

84-2190598

**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

---

Name of organization

MIAMI YOUTH ORCHESTRA INC

**Employer identification number**

84-2190598

## 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 information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

# **SCHEDULE O (Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

## **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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

## Open to Public Inspection

---

Name of the organization

## MIAMI YOUTH ORCHESTRA INC

**Employer identification number**

84-2190598

Pt I, Line 16:

Description: ADMINISTRATIVE SERVICES \$14,950

Description: SUPPLIES \$6,997

Description: PHONE SERVICES \$1,497

Description: INSURANCE \$979

Description: OTHER COST \$3,837

Description: BANK FEES \$19

Description: ACCOUNTING FEES \$2,060

Description: DUE & SUSCRIP

Description: TRAVEL & MEETINGS \$2,660

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

A <input type="checkbox"/> Check box if address changed.	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) MIAMI YOUTH ORCHESTRA INC		D Employer identification number 84-2190598
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Number, street, and room or suite no. If a P.O. box, see instructions. 7413 TWIN SABAL DR		E Group exemption number (see instructions)
Print or Type	City or town, state or province, country, and ZIP or foreign postal code Miami, FL 33014		F <input type="checkbox"/> Check box if an amended return.
	C Book value of all assets at end of year . . . . . 6,365.		

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

H Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . 

J Enter the number of attached Schedules A (Form 990-T) . . . . . 0

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of 2000 NW 89th Place Miami FL 33172 Telephone number (786) 295-0009

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	0.
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	0.
6 Deduction for net operating loss. See instructions . . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9 <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	11	0.

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21) . . . . .	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . .	2	
3 Proxy tax. See instructions . . . . .	3	
4a Amount from Form 4255, Part I, line 3, column (q) . . . . .	4a	
b Other tax amounts. See instructions . . . . .	4b	
5 Alternative minimum tax . . . . .	5	
6 Tax on noncompliant facility income. See instructions . . . . .	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	0.

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	1a	
b Other credits (see instructions) . . . . .	1b	
c General business credit. Attach Form 3800 (see instructions) . . . . .	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827) . . . . .	1d	
e Total credits. Add lines 1a through 1d . . . . .	1e	
2 Subtract line 1e from Part II, line 7 . . . . .	2	0.
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions) . . . . .	3a	
b Amount due from Form 8611 . . . . .	3b	
c Amount due from Form 8697 . . . . .	3c	
d Amount due from Form 8866 . . . . .	3d	
e Other amounts due (see instructions) . . . . .	3e	
f Total amounts due. Add lines 3a through 3e . . . . .	3f	
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	4	0.

**Part III Tax and Payments (continued)**

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	5
6a	Payments: Preceding year's overpayment credited to the current year . . . . .	6a
b	Current year's estimated tax payments. Check if section 643(g) election applies . . . . .	6b
c	Tax deposited with Form 8868 . . . . .	6c
d	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	6d
e	Backup withholding (see instructions) . . . . .	6e
f	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	6f
g	Elective payment election amount from Form 3800 . . . . .	6g
h	Payment from Form 2439 . . . . .	6h
i	Credit from Form 4136 . . . . .	6i
j	Other (see instructions) . . . . .	6j
7	<b>Total payments.</b> Add lines 6a through 6j . . . . .	7
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . .	8
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	9
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	10
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b>	Refunded 11

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

1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here  X

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

3 Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ \_\_\_\_\_

4 Enter available pre-2018 NOL carryovers here \$ \_\_\_\_\_. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.

5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.

Business Activity Code	Available post-2017 NOL carryover
	\$ _____
	\$ _____
	\$ _____
	\$ _____

6a Reserved for future use . . . . .

b Reserved for future use . . . . .

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	DIRECTOR Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JESUS ROMERO	Preparer's signature	Date
	Firm's name RQ TAX SERVICE		Check <input type="checkbox"/> if self-employed PTIN P02421461
	Firm's address 951 SHOTGUN RD, SUNRISE, FL 33326		Firm's EIN 83-2771860
			Phone no. (786) 972-2843

IRS E-file Signature Authorization  
for a Tax Exempt EntityDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_\_  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

MIAMI YOUTH ORCHESTRA INC

Name and title of officer or person subject to tax

MARIA SALAS, DIRECTOR

EIN or SSN

84-2190598

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b
2a	Form 990-EZ check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b 104,819.
3a	Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b
4a	Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b
5a	Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b
6a	Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b
7a	Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b
8a	Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b
9a	Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b
10a	Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only** I authorize

ERO firm name

to enter my PIN

--	--	--	--

as my signature

Enter five numbers, but  
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 05/06/2025

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	1	7	9	6	3	1	5	0	8	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

IRS E-file Signature Authorization  
for a Tax Exempt EntityDepartment of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_\_  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

MIAMI YOUTH ORCHESTRA INC

Name and title of officer or person subject to tax

MARIA SALAS, DIRECTOR

EIN or SSN

84-2190598

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b
2a	Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b
3a	Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b
4a	Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b
5a	Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b
6a	Form 990-T check here . . . <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b
7a	Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b
8a	Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b
9a	Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b
10a	Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  as my signature  
ERO firm name

Enter five numbers, but  
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 1 7 9 6 3 1 5 0 8 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

## Smart Worksheets From 2024 Federal Exempt Tax Return

## Schedule B: Contributors (Copy 1) -- Smart Worksheet

## General Information Smart Worksheet

**A** Description for this copy of Schedule B, Part I. . . . . Copy 1

**Additional Information From 2024 Federal Exempt Tax Return****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses (9)****Line 16, Amount****Itemization Statement**

Description	Amount
TRAVEL	671.
MEETING	1,989.
<b>Total</b>	<b>2,660.</b>

9:55 PM

05/05/25

Accrual Basis

## MIAMI YOUTH ORCHESTRA INC

## Profit &amp; Loss

January through December 2024

		Jan - Dec 24
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
<b>Direct Public Support</b>	10,084.00	
<b>Program Income</b>	94,735.00	
<b>Total Income</b>	<u>104,819.00</u>	
<b>Expense</b>		
<b>Administrative Service</b>	14,950.00	
<b>Advertising</b>	117.00	
<b>Artistic outside service</b>	74,045.00	
<b>Bank Fees</b>	19.00	
<b>Contract Services</b>		
<b>Accounting Fees</b>	2,060.00	
<b>Total Contract Services</b>	2,060.00	
<b>Due &amp; Subscriptions</b>	1,520.00	
<b>Facilities and Equipment</b>		
<b>Rent, Parking, Utilities</b>	<u>7,076.00</u>	
<b>Total Facilities and Equipment</b>	7,076.00	
<b>Insurance</b>	980.00	
<b>Operations</b>		
<b>Supplies</b>	6,997.00	
<b>Telephone, Telecommunicatio...</b>	<u>1,497.00</u>	
<b>Total Operations</b>	8,494.00	
<b>Other Types of Expenses</b>		
<b>Other Costs</b>	<u>3,837.00</u>	
<b>Total Other Types of Expenses</b>	3,837.00	
<b>Travel and Meetings</b>		
<b>Travel</b>	671.00	
<b>Travel and Meetings - Other</b>	<u>1,989.00</u>	
<b>Total Travel and Meetings</b>	2,660.00	
<b>Total Expense</b>	<u>115,758.00</u>	
<b>Net Ordinary Income</b>	<u>-10,939.00</u>	
<b>Net Income</b>	<b><u>-10,939.00</u></b>	



CITY OF DORAL  
PROCUREMENT & ASSET MANAGEMENT  
8401 NW 53<sup>rd</sup> Terrace,  
Doral, Florida 33166  
[procurement@cityofdoral.com](mailto:procurement@cityofdoral.com)

## VENDOR APPLICATION

Vendor Name: Miami Youth Orchestra Inc D.B.A.: Miami Youth Orchestra & Choir  
Federal ID No.: 84-2190598 Date Business Established: 06/24/2019  
Business Type:  Corporation  Proprietorship  Partnership  LLC  Other: \_\_\_\_\_  
Business Address: 8266 NW 33 TER  
City: Doral State: Florida Zip: 33122-0000  
Telephone: 786-295-0009 Website URL: www.myomiami.org  
Payment/Remittance Address: 2000 NW 89<sup>th</sup> place  
City: Doral State: Florida Zip: 33172  
Contact: Maria Antonieta Salas Title: Executive Director  
Email: myomiami@gmail.com Phone No.: 7862950009

Select all that apply:

Classification	Certificate No.	Certifying Agency	Expiration Date
<input checked="" type="checkbox"/> Minority/Women Owned			
<input checked="" type="checkbox"/> Small Business			
<input type="checkbox"/> Veteran Owned			
<input checked="" type="checkbox"/> Women Owned			
<input type="checkbox"/> Other			

**VENDOR CHECKLIST:** This application must be resubmitted at least every three (3) years or sooner if any information changes. In addition to this Application, Vendor must complete and submit the following:

- IRS Tax Form W-9 (submitted annually)
- Conflict of Interest Disclosure Form (submitted annually)
- Ownership Disclosure & Required Affidavits (submitted every 3 years or upon notary expiration)
- Local Business Tax Receipt if within the Tri-County area
- Proof of Classification Certificate, if applicable
- Proof of Insurance, if applicable (always required when conducting work on City property)

Please note: Prior to issuing a purchase order for goods and/or services, the City may also require additional documents and information, including but not limited to proof of insurance at such coverage types and amounts that the City deems appropriate based on the nature of the goods and/or services provided.

  
Signature

12/02/2025  
Date



CITY OF DORAL  
PROCUREMENT & ASSET MANAGEMENT  
8401 NW 53<sup>rd</sup> Terrace,  
Doral, Florida 33166  
[procurement@cityofdoral.com](mailto:procurement@cityofdoral.com)

## CONFLICT OF INTEREST DISCLOSURE

Vendor Name: Miami Youth Orchestra Inc

D.B.A.: Miami Youth Orchestra & Choir

Federal ID No.: 84-2190598

Date Business Established: 06/24/2019

Business Address: 8266 NW 33 TER

City: Doral

State: Florida

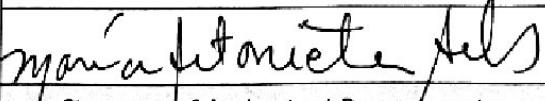
Zip: 33122-0000

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest:  <hr/> <hr/> <hr/>	<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Interest in vendor's company <input type="checkbox"/> Other (please describe below)  <hr/> <hr/> <hr/> <input checked="" type="checkbox"/> No Conflict of Interest

\*Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.

I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:		
 Signature of Authorized Representative	12/02/2025 Date	Maria Antonietta Salas Printed Name of Authorized Representative



## VENDOR AFFIDAVITS

**Vendor Name:** Miami Youth Orchestra Inc

**D.B.A.:** Miami Youth Orchestra & Choir

**Federal ID No.:** 84-2190598

**Date Business Established:** 06/24/2019

**Business Address:** 8266 NW 33 TER

**City:** Doral

**State:** Florida

**Zip:** 33122-0000

### 1. Ownership Disclosure

The above-named vendor hereby discloses the following principals, individuals, or companies with five percent (5%) or greater ownership interest in Vendor (supplement as needed):

Name	Address	% Ownership
Maria Antonieta Salas	8266 NW 33 ter, Doral FL	100

The above-named vendor hereby discloses the following subcontractors (supplement as needed):

Name	Address	% Ownership

Vendor hereby recognizes and certifies that no elected official, board member, or employee of the City of Doral ("City") shall have a financial interest in any transactions or any compensation to be paid under or through any transactions between Vendor and City, and further, that no City employee, nor any elected or appointed officer (including City board members) of the City, nor any spouse, parent or child of such employee or elected or appointed officer of the City, may be a partner, officer, director or proprietor of Vendor, and further, that no such City employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Vendor. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Vendor. Any exception to these above-described restrictions must be expressly provided by applicable law or ordinance and be confirmed in writing by City. Further, Vendor recognizes that with respect to any transactions between Vendor and City, if any Vendor violates or is a party to a violation of the ethics ordinances or rules of the City, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to City, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Vendor may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for

goods or services to City. The term "Vendor," as used herein, include any person or entity making a proposal herein to City or providing goods or services to City.

## **2. Public Entity Crimes**

1. Vendor is familiar with and understands the provisions of Section 287.133, Florida Statutes
2. Vendor further understands that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.
3. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (INDICATE WHICH STATEMENT APPLIES.)
  - o  Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
  - o  The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
  - o  The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

## **3. Compliance With Foreign Entity Laws**

Applicant certifies as follows:

1. Vendor is not owned by the government of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
2. The government of a foreign country of concern does not have a controlling interest in Vendor, as defined in Section 287.138, Florida Statutes.
3. Vendor is not organized under the laws of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
4. Vendor does not have a principal place of business in a foreign country of concern, as defined in Section 287.138, Florida Statutes.
5. Vendor is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List, created pursuant to s. 215.473.
6. Vendor is not engaged in business operations in Cuba or Syria.
7. Vendor is not participating in a boycott of Israel, and is not on the Scrutinized Companies that Boycott Israel list in accordance with the requirements of Sections 287.135 and F.S. 215.473, Florida Statutes

#### 4. Disability, Nondiscrimination, and Equal Employment Opportunity

Applicant certifies that Vendor is in compliance with and agrees to continue to comply with, and ensure that any subcontractor, or third party contractor under any and all contracts with the City of Doral complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

- The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 12101-12213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.
- The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501 553.513, Florida Statutes.
- The Rehabilitation Act of 1973, 229 USC Section 794.
- The Federal Transit Act, as amended 49 USC Section 1612.
- The Fair Housing Act as amended 42 USC Section 3601-3631

#### 5. Conformance with OSHA Standards

Applicant certifies and agrees that Applicant has the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and in the event the City engages Vendor, Vendor agrees to indemnify and hold harmless the City of Doral, against any and all liability, claims, damages losses and expenses the City may incur due to the failure of itself or any of its subcontractors to comply with such act or regulation in the performance of the contract.

#### VENDOR AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Vendor, does hereby affirm and attest under penalty of perjury as the proposed Vendor for City of Doral that the certifications and statements provided above on behalf of Vendor are true to the best of affiant's knowledge and belief and that Vendor is compliant with all requirements outlined in these City of Doral Affidavits. Vendor acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

Miami Youth Orchestra Inc

Vendor Name

Maria Antonietta Salas

Affiant Signature

12/02/2025

Date Signed

Maria Antonietta Salas

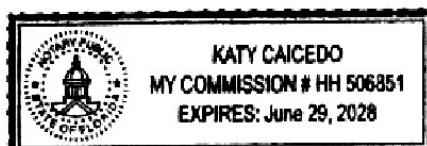
Affiant Name & Title (Printed)

STATE OF Florida

COUNTY OF Miami-Dade

The foregoing instrument was affirmed, subscribed, and sworn to before me this 24<sup>th</sup> day of December, 2025 by means of  physical presence or  online notarization, by \_\_\_\_\_ who is personally known to me or who produced the following identification: FL Driver License.

[Notary Seal]



Katy Caicedo  
Notary Public for the State of Florida  
My commission expires: June 29, 2028

Request for Taxpayer  
Identification Number and Certification► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Give Form to the  
requester. Do not  
send to the IRS.Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Miami youth orchestra inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes. Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 501-C

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions

8266 NW 33rd terrace

Requester's name and address (optional)

6 City, state, and ZIP code

DORAL FLORIDA 33122

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

84 - 2190598

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
HereSignature of  
U.S. person ►

miamiyouthorchestra

Date ► 12/02/2025

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.*

# MIAMI YOUTH ORCHESTRA BUDGET

## Chamber Music Series Projected Budget:

DATE	DESCRIPTION	AMOUNT
	Administration/Executive director	\$3.000
	Music Coaches String, woodwinds, piano and Vocal	\$3.800
	Rehearsal Space Rental	\$1.200
	Marketing	\$1.400
	Materials and Sound	\$1.400


TOTAL EXPENSE	\$10.800