Form 990

Return of Organization Exempt From Income Tax

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

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

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

2021
Open to Public Inspection

	ment of the Treasu Revenue Service	Do not enter social security numbers on Go to www.irs.gov/Form990 for instru				Open to Public Inspection			
AF		elendar year, or tax year beginning , and en		Amadon.		mopocitori			
	eck if applicable:								
Ad	dress change	SOUTH FLORIDA MUSICIANS	UNION						
	me change	Doing business as			59-0	358930			
=		Number and street (or P.O. box if mail is not delivered to street address)	R	oom/suite E	Telephone	e number			
_	tial return nal return/	1915 NE 45 STREET SUITE 105 City or town, state or province, country, and ZIP or foreign postal code			954-	527-4458			
	minated								
An	nended return	FORT LAUDERDALE FL 33308		G	Gross rece	eipts\$ 44,85			
=	plication pending	F Name and address of principal officer:		H(a) Is this a group	whim for si	ubordinates? Yes X N			
1 74	priceson penung	CHARLES RESKIN				H			
		1915 NE 45 ST #105		H(b) Are all subord					
		FT. LAUDERDALE FL 33308		If "No," att	ach a list.	See instructions			
	ax-exempt status:	501(c)(3) X 501(c) (5) ◀ (insert no.) 4947(a)(1	or 527						
	100000	/A		H(c) Group exempt	ion numbe	•			
CONTRACTOR	orm of organization:	X Corporation Trust Association Other ▶	L Year	of formation: 19	50	M State of legal domicile: F:			
Pa		mmary scribe the organization's mission or most significant activities:							
Activities & Governance		IDE WAGE SCALES FOR MUSICIANS s box ▶ ☐ if the organization discontinued its operations or dispo	osed of more than 25%	of its net asset	s	217			
ග	3 Number o	f voting members of the governing body (Part VI, line 1a)			3				
100	4 Number of	f independent voting members of the governing body (Part VI, line	1b)		4	217			
ž.	5 Total nun	ber of individuals employed in calendar year 2021 (Part V, line 2a)		5	2			
ĕ	6 Total nun	ber of volunteers (estimate if necessary)		6	8				
	h Net word	elated business revenue from Part VIII, column (C), line 12			7a				
+	b Net unrei	ated business taxable income from Form 990-T, Part I, line 11		Prior Year	7b	Current Year			
_	8 Contribut	ons and grants (Part VIII, line 1h)			132	44,834			
Kevenue	9 Program		, , ,	202	11,03				
Ne Ne	10 Investme	t income (Part VIII, line 2g)		289		20			
2	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			200	-			
	12 Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), lir	70	421	44,854				
1	13 Grants ar	d similar amounts paid (Part IX, column (A), lines 1–3)	e 12/	, 0,	721	11,03			
	14 Renefits	aid to or for members (Part IX, column (A), line 4)							
	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines	5-10\	26	064	17,079			
Se	16a Professio	nal fundraising fees (Part IX column (A) line 11e)	5-10)	20,	002	17,07.			
Expenses	b Total fund	nal fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) ▶	0						
X	17 Other ext	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		39	052	32,53			
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			116	49,610			
	19 Revenue	less expenses. Subtract line 18 from line 12			305	-4,750			
	19 Nevenue	ess expenses. Outract line to non line 12	В	eginning of Curren		End of Year			
5 8	20 Total ass	ets (Part X, line 16)		128,		127,470			
lances	21 Total liab	lities (Part X, line 26)		5,	739	4,258			
Balances		s or fund balances. Subtract line 21 from line 20		122,	908	123,212			
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C Fund Balances	rt II Sig	nature Block		and to the best	of my kn	owledge and belief, it is			
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Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization instead PROVIDES WAGE SCALES FOR MUSICIANS Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-627 If "se," describe these new services on Schedule O. Did the organization coase conducting, or make significant changes in how it conducts, any program services services? If "se," describe these changes on Schedule O. Describe the organization coase conducting, or make significant changes in how it conducts, any program services as services? If "se," describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports. By Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$) Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$) If (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$)		SOUTH FLORIDA MU		59-0358930	Page
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	d Other progra	m services (Describe on Schedul	e O.)	CAR PROPERTY	Maria Farancia
e Total program service expenses ▶	(Expenses \$	§ incl	uding grants of \$) (Revenue \$)
	le Total program	m service expenses >			

	one of the date of		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	100	x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	****		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			AL
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	10		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			-
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	***************************************	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			-
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021)

-	n 990 (2021) SOUTH FLORIDA MUSICIANS UNION 59-0358930 art IV Checklist of Required Schedules (continued)		-	age
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	***************************************		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			-
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			7.0
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
34	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
00	204 7704 2 and 204 7704 22 and 204 7704 22 # W/r I	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		A
-		34		x
35a	or IV, and Part V, line 1	35a		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		A
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
-		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		1
-	and an argument sometime of and provide explanations on achieutie of for Part VI, lines i 10 and			x

	Check if Schedule O contains a response or note to any line in this Part \	/				
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1-1			
	recodeble combe (combline) videologe to edge videologe 2			4-	Y	-

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SOURCES	#W Chatemanta Bassadina Other IDC Fillians and Tax Committees (and	-			1711100	age o
-	Statements Regarding Other IRS Filings and Tax Compliance (contin	uea)		-	Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			-
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to 15 to 1			2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S.				72
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		110			v
h	a financial account in a foreign country (such as a bank account, securities account, or other financial	ii accoi	int)?	. 4a		X
	If "Yes," enter the name of the foreign country					
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial					v
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			. 5a		X
C	M Wash to the Fe or Fh. did the conscious of Fr. Conce To					X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
va				0-		x
ь	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			. 6a		A
b	gifts were not tax deductible?	ons or		OL.		
7	***************************************		********	. 6b		
a	Organizations that may receive deductible contributions under section 170(c). Did the crossization receive a payment in excess of \$75 made partly as a contribution and partly for	anada				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	200000		7-		х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			791		A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			. 7b		
				-		x
4		7 d		. 7c		Α.
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		0	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control.			7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	0.08	O on regulard?		x	A.
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		99994434	7g 7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining		1111	· /n	Α	
	annual of the second of the se	200		8	-	X
9	Sponsoring organization have excess business indulings at any time during the year? Sponsoring organizations maintaining donor advised funds.					A
a	Did the second or second of the second of th			9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					X
10	Section 501(c)(7) organizations. Enter:			30		22
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
11	Section 501(c)(12) organizations. Enter:	TUD		-		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	114				
	against amounts due or received from them \	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	2	12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
270	Note: See the instructions for additional information the organization must report on Schedule O.					
ь	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
c		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	100		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			-		
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			13		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incom	10?	16	00000000	х
	If "Yes," complete Form 4720, Schedule O.	CHIOOH	91	10		-
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	1				-
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	++++++	*****************			
DAA	II. 1981 VOIDPORT VIIII VOVO			Fo	m 99	0 /2021

Form 990 (2021) SOUTH FLORIDA MUSICIANS UNION 59-0358930 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Page 6 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		- 114 1111	Vac	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	17	163	140
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	COLUMN TO THE PARTY OF THE PART		
	one or more members of the governing body?	7:		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	71		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo	1.4.3.3.3.3.3.3.3.3.		
a	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?		1000	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.		
				No
10a	Did the organization have local chapters, branches, or affiliates?	10	а	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	ь	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	A P A A A A A A A .		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			
	describe on Schedule O how this was done	12		
13	Did the organization have a written whistleblower policy?			X
14	Did the organization have a written document retention and destruction policy?	1		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15	a	X
b	Other officers or key employees of the organization	15		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16	а	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16	b	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(d)	()		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and		
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EFFERY APANA 404 SE 15 STREET			

Form 990	(2021)	SOUTH	FLORTDA	MUSICIANS	INTON

59-0358930

Page 7

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

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

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

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

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

hours per week (list any hours for last of la			-	_	_			_			
(1) JEFFREY APANA 20.00 TREASURER 20.00 X 16,900 0 0 0 16,900 0 16,900 0 16,900 0 16,900 0 16,900 0 16,900 0 16,900 0 0 16,900 0 0 16,900 0 0 0 16,900 0 0 0 16,900 0 0 0 0 16,900 0 0 0 0 0 18,900 0 0 0 0 0 18,900 0 0 0 0 0 0 0 0 0 0 0 0		Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (D) Reportable compensation from the			Reportable compensation from the	Reportable Reportable Estimation compensation compensation from the from related com		Reportable compensation	Estimated amount	
TREASURER		hours for related organizations below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-MISC/		from the organization and related organizations
TREASURER 0.00 X 16,900 0 (2) CHARLES RESKIN 5.00	(1) JEFFREY APANA										THE RESERVE OF THE PARTY OF THE
(2) CHARLES RESKIN							11				
S		0.00			X				16,900	0	0
(3) ELIZABETH ARON	(2) CHARLES RESKIN	5.00									
(3) ELIZABETH ARON	PRESIDENT	0.00	X		X				5,200	0	0
Director 0.00 X 0 600	(3) ELIZABETH ARON										
(4) RICHARD BRAVO 5.00 DIRECTOR (5) MATTHEW COREY 5.00 DIRECTOR (6) IRIS VAN ECK 5.00 DIRECTOR (7) ROBERT FOLSE 5.00 DIRECTOR (8) KAREN FULLER 5.00 DIRECTOR (9) CAREY KLEINMAN 5.00 DIRECTOR (0) CAREY KLEINMAN 5.00 CAREY		5.00									
(4) RICHARD BRAVO 5.00 DIRECTOR (5) MATTHEW COREY 5.00 DIRECTOR (6) IRIS VAN ECK 5.00 DIRECTOR (7) ROBERT FOLSE 5.00 DIRECTOR (8) KAREN FULLER 5.00 DIRECTOR (9) CAREY KLEINMAN 5.00 DIRECTOR (10)	DIRECTOR	0.00	X	١.					0	600	0
DIRECTOR 0.00 X 0 600	(4) RICHARD BRAVO										
SOUTH SOUT	DIRECTOR		x						0	600	0
DIRECTOR 0.00 X 0 600 (6) IRIS VAN ECK 5.00 DIRECTOR 0.00 X 0 600 (7) ROBERT FOLSE 5.00 DIRECTOR 0.00 X 0 600 (8) KAREN FULLER 5.00 DIRECTOR 0.00 X 0 600 (9) CAREY KLEINMAN 5.00 DIRECTOR 0.00 X 0 600 (10)			1				Ħ			000	
(6) IRIS VAN ECK	DIRECTOR		x						0	600	0
DIRECTOR 0.00 X 0 600 (7) ROBERT FOLSE 5.00 DIRECTOR 0.00 X 0 600 (8) KAREN FULLER 5.00 DIRECTOR 0.00 X 0 600 (9) CAREY KLEINMAN 5.00 DIRECTOR 0.00 X 0 600 (10)		0.00	1	\vdash			\forall	1	0	000	0
(7) ROBERT FOLSE										F. 1142 - F. 12	
		0.00	X						0	600	0
(8) KAREN FULLER 5.00 DIRECTOR (9) CAREY KLEINMAN 5.00 DIRECTOR (10) (11)	(7) ROBERT FOLSE	5.00									
5.00 0 600 0 0 0 0 0 0 0		0.00	X						0	600	0
(9) CAREY KLEINMAN 5.00 DIRECTOR 0.00 X 0 600 (10)	(8) KAREN FULLER	5.00									
(9) CAREY KLEINMAN 5.00 DIRECTOR 0.00 X 0 600 (10)	DIRECTOR	0.00	X						0	600	0
DIRECTOR 0.00 X 0 600 (10)	(9) CAREY KLEINMAN										
(10)	DIRECTOR		X						0	600	0
	(10)										
	(11)						\dagger				
	•		1								
Form §								1			Form 990 (2021

Form 990 (2021)

received more than \$100,000 of compensation from the organization ▶

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) Unrelated siness revenue (D) Revenue excluded from tax under sections 512-514 (A) Total revenue , Gifts, Grants 1a Federated campaigns 1a b Membership dues 1b 44,834 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, Contributions, and Other Sim 1e 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f. 44,834 -Business Code 2a Program Service Revenue f All other program service revenue g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 20 20 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) 6c • (i) Securities (iii) Other other than inventory 7a b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) Other . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities -10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . **Business Code** b d All other revenue e Total. Add lines 11a-11d .

44,854

-

20

0

0

12 Total revenue. See instructions .

from a combined educational campaign and fundraising solicitation. Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720) . .

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

Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,105 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,188 9 Other employee benefits 10 Payroll taxes 1,786 11 Fees for services (nonemployees): a Management _____ 59 b Legal c Accounting 1,500 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 1,354 14 Information technology 15 Royalties 6,559 16 Occupancy 4,200 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 100 20 Interest 21 Payments to affiliates 13,965 22 Depreciation, depletion, and amortization ... 1,679 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,374 BAD DEDTS PBO PLAYERS ASSOC 450 c BANK CHARGES 291 e All other expenses 0 0 49,610 0 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs

Form 990 (2021)

			Site of this Part A	(A)		(B)
_	Lis Inventos (must equal Part VIII, Etturas (A), Ilea	110	And the second	Beginning of year	3	End of year
1	Cash—non-interest-bearing			11,644	1	7,787
2	Savings and temporary cash investments			86,270	2	85,009
3	Pledges and grants receivable, net	3	122,90			
4				30,156	4	29,988
5	Loans and other receivables from any current or					
1 11	trustee, key employee, creator or founder, subst	antial contributor, or 3	5%			
1 19	controlled entity or family member of any of thes	5				
6	Loans and other receivables from other disqualif					
	under section 4958(f)(1)), and persons described	d in section 4958(c)(3)	(B)		6	
7	Notes and loans receivable, net				7	123,213
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
1 3	basis. Complete Part VI of Schedule D	10a	7,794			
b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	7,794		10c	
11	Investments—publicly traded securities				11	Internal Laboratory
12	Investments—other securities. See Part IV, line	11		ell a second	12	2x1 X
13	Investments—program-related. See Part IV, line	Mar.	13			
14	Intangible assets			14		
15	Other assets. See Part IV, line 11			577		4,686
16	Total assets. Add lines 1 through 15 (must equa	TOTAL PORT OF THE PART OF THE	128,647		127,470	
17	Accounts payable and accrued expenses		The programme and the	5,739		4,258
18	Grants payable				18	2,250
19	Deferred revenue				19	
20				c oversight eit	20	
21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		ounted?	21	2c X
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst		5%			
40	controlled entity or family member of any of thes		rudi praudin na a	of Series of States and States	22	
23	Secured mortgages and notes payable to unrela				23	1 N X
24	Unsecured notes and loans payable to unrelated	Abded and a		dates the	24	
25	Other liabilities (including federal income tax, par	2.1.1.1.1.1.1.1		mh uudir		36
	parties, and other liabilities not included on lines					
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			5,739	26	4,258
	Organizations that follow FASB ASC 958, che			-,,		,
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			122,908	27	123,212
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.		_			
27 28 29 30 31	Capital stock or trust principal, or current funds	100		29		
30	Paid-in or capital surplus, or land, building, or eq	uipment fund			30	
31	Retained earnings, endowment, accumulated inc	come, or other funds			31	To the same of the
32			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	122,908		123,212
33	Total liabilities and net assets/fund balances			128,647		127,470

OHI	990 (2021) BOOTH FLORIDA MOBICIANS UNION 59-0556950			_ Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44,	854
2	Total expenses (must equal Part IX, column (A), line 25)	2		49,	610
3	Revenue less expenses. Subtract line 2 from line 1	3		-4,	756
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1:	22,	908
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5,	060
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1:	23,	212
Pa	rt XII Financial Statements and Reporting				36-11
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			200000000	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain on		***		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		-		
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				-
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	The state of the s				_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization

Employer identification number

S	OUTH FLORIDA MUSICIANS UNION		59-0	358930
Pa	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds	or Accoun	ts.
_	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised runds	-	(b) Furios and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of contributions to (during year)			
4	Aggregate value of grants from (during year)			
5	Aggregate value at end of year	Alba annala baldia dan analaisad		
0	Did the organization inform all donors and donor advisors in writing that			пп
	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or don			п. п.
D.				Yes No
27.5	urt II Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	The state of the s		
	Preservation of land for public use (for example, recreation or educ		cally importan	t land area
	Protection of natural habitat	Preservation of a certifie	d historic stru	cture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a co	onservation	
	easement on the last day of the tax year.			Held at the End of the Tax Yes
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure inc	luded in (a)	2c	
	Number of conservation easements included in (c) acquired after 7/25/			
1.5	historic structure listed in the National Register	00, 0110 1101 011 0	2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the orga	nization durin	n the
	tax year >	angulariou, or terminated by the orga	nization dum	g uio
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mon	CONTRACTOR TATALANTA		
				Yes No
8	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of	fullations and enforcing assessment		a during the upper
	Land and volunteer nours devoted to morntoning, inspecting, nanding of	or violations, and emorcing conservati	on easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations and enforcing concentration of	anomonte dur	doe the vee
•		lations, and emoraling conservation a	asements dur	ing the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)	/D\/I\	
٠				Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easem			Tes No
	balance sheet, and include, if applicable, the text of the footnote to the			the
	organization's accounting for conservation easements.	organization's infancial statements ti	iat describes	uid
Pa	irt III Organizations Maintaining Collections of Art,	Historical Treasures or Oth	er Similar	Accate
	Complete if the organization answered "Yes" on		ioi oiiiiiiai	riosoto.
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and ba	alance sheet v	works
	of art, historical treasures, or other similar assets held for public exhibit			
	service, provide in Part XIII the text of the footnote to its financial state			
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balan	ce sheet work	cs of
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gair	provide the	\$
	following amounts required to be reported under FASB ASC 958 relating		, promoculo	
-	Revenue included on Form 990, Part VIII, line 1			\$
Or I	Assets included in Form 990, Part X	*************		Schedule D (Form 990) 202

00000000	ert III Organizations Maintainin	g Collections of	Art, Historical	Treasures, or O	ther Simi	lar Assets		()
3	Using the organization's acquisition, access collection items (check all that apply):							
a	Public exhibition	d	Loan or exchange p	rogram				
b	Scholarly research	e	Other					
C	Preservation for future generations		255555555555555		**********	*****		
4	Provide a description of the organization's ci	ollections and explain	n how they further th	e organization's exer	mpt purpose	in Part		
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other simila	r			
	assets to be sold to raise funds rather than						Yes	No
Pa	Escrow and Custodial Art Complete if the organization 990, Part X, line 21.	rangements.					on Form	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed		s or other assets not			Yes [No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					_
							Amount	
C	Beginning balance					1c		_
	Additions during the year					1d		
0	Distributions during the year					1e		_
f	Ending balance	000 D-4V II-	04.6			1f		1
	Did the organization include an amount on F						Yes	_ No
	If "Yes," explain the arrangement in Part XIII Endowment Funds.	. Check here if the e	xpianation has been	provided on Part XII				-
Fie	Complete if the organization	n answered "Ves	on Form 990 F	Part IV line 10				
	Complete il tilo organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Tr	ree years back	(e) Four year	s hack
1a	Beginning of year balance	(a) contain your	(e) the year	(4) 1110 / 0010 0000	(6) 11	roo youra bank	(e) i ous year.	a work
b	Contributions							
	Net investment earnings, gains, and							
d	Grants or scholarships						1	
e	Other expenditures for facilities and							
f	programs Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1a. column (s	a)) held as:			-	
a	Board designated or quasi-endowment		e (mie igi aciaimi (e	77 11010 001				
b	Permanent endowment ▶ %							
c	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c sh	auld coupl 1009/						
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for the	200			
-	organization by:	action of the organiza	audit undt dre meid d	id daminiotored for t			Yes	s No
	(i) Unrelated organizations							110
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	ired on Schedule R?	····			3b	
4	Describe in Part XIII the intended uses of th				**********			
Pa	art VI Land, Buildings, and Equ	Market Street, Square Street, Square,						
	Complete if the organization		on Form 990, F	Part IV, line 11a.	See Form	990. Part	X. line 10.	
	Description of property	(a) Cost or other (investment)	basis (b) Cost	or other basis other)	(c) Accumulate	ed .	(d) Book value	
	Land							
1a	Buildings							
b	Leasehold improvements							
b	Leasehold improvements	7	,794		7	,794		
b c d	W	7	,794		7	,794		

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Schedule D (Form 990) 2021

	Complete if the organization answered "Yes" on F (a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	118000000000000000000000000000000000000	Cost or end-of-year marke	
Financial	derivatives			
Closely he	eld equity interests			
) Other	***************************************			

(B)				
(C)	***************************************			
(D)				
(E)				
(F)	***************************************			
(H)	A)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.		<u> </u>	
rait viii	Complete if the organization answered "Yes" on F	orm 000 Port IV II	no 110 See Form 000 Best V	/ line 40
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	for a secretary of an appropria	(b) book value	Cost or end-of-year market	
(1)				
2)				
3)				
4)				
5)				
6)				
7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
rait ix	Other Assets.			
raitin	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
		orm 990, Part IV, li	ne 11d. See Form 990, Part X	(, line 15. (b) Book value
(1)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on F (a) Description	orm 990, Part IV, li		THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Part X	THE RESERVE OF THE PARTY OF THE
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum.	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colum	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25.			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) btal. (Column Part X	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) 0tal. (Column X 1) Federal 2)	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) 0tal. (Colum Part X	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
1) 2) 3) 4) 55 66) 77) 8) 9) otal. (Colum Part X	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
1) 2) 3) 4) 55 66) 77) 88) 9) Dotal. (Column Part X	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
1) 2) 3) 44) 55 66) 77) 88) 99) otal. (Column Part X	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value
1) 2) 3) 4) 5) 66) 7) Federal 2) 3) 4) 5) 66) 7)	Complete if the organization answered "Yes" on F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability			(b) Book value

Schedule D (F	orm 990) 2021	SOUTH	FLORIDA	MUSICIANS ued)	UNION	59-0358930	Page 5
Part XIII	Suppleme	ntal Inform	ation (contin	ued)			
			****************			***************	**********
		***********					*********
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			EXI ONE			Sched	iule D (Form 990) 2021
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer Identification number

59-0358930

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest informa

SOUTH FLORIDA MUSICIANS UNION

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION FORGIVE PPP LOAN

Form 990

Two Year Comparison Report

2020 & 2021

For calendar year 2021, or tax year beginning

endina

Taxpayer Identification Number

1	OUTH FLORIDA MUSICIANS UNION			59-1	0358930	
			2020	2021	Differences	
	Contributions, gifts, grants	1.				
	2. Membership dues and assessments	2.	70,132	44,834	-25,298	
	Government contributions and grants	3.				
9	4. Program service revenue	4.			/	
Revenu	5. Investment income	5.		20	20	
	Proceeds from tax exempt bonds	6.				
	7. Net gain or (loss) from sale of assets other than inventory	7.			The state of the s	
	Net income or (loss) from fundraising events	8.				
	Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.			La Company of the Com	
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	70,132	44,854	-25,278	
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.	THE PERSON NAMED IN			
8	15. Compensation of officers, directors, trustees, etc.	15.				
8	16. Salaries, other compensation, and employee benefits	16.	3,964	17,079	13,115	
9	17. Professional fundraising fees	17.				
d x	18. Other professional fees	18.	1,520	1,559	39	
ш	19. Occupancy, rent, utilities, and maintenance	19.	8,322	6,559	-1,763	
	20. Depreciation and Depletion	20.	Local Control of			
	21. Other expenses	0.4	29,210	24,413	-4,797	
	22. Total expenses. Add lines 13 through 21	22.	43,016	49,610	6,594	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	27,116	-4,756	-31,872	
	24. Total exempt revenue	24.	70,132	44,854	-25,278	
	25. Total unrelated revenue	25.				
ion	26. Total excludable revenue			20	20	
nat	27. Total assets	2223	128,647	127,470	-1,177	
20	28. Total liabilities	1000	5,739	4,258		
=	29. Retained earnings	29.	122,908	123,212		
het	30. Number of voting members of governing body	30.		217		
ō	31. Number of independent voting members of governing body	31.		217		
	32. Number of employees	32.	C-1 5 5 1 5 1	2		
	33. Number of volunteers	33.		8		

59-0358930 Federal Statements							
	Taxa	able Interest o	n Investments				
Taxable Interest on Investments Description							
		Unrelate	d Exclusion Postal s Code Code	Acquired after	US Obs. (f. arr 9/)		
	Amour	20 Business	S Code Code	6/30//5	Obs (\$ or %)		
TOTAL	\$	20					