

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service 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.

2017 Open to Public Inspection

A F	or th	e 2017 calendar year, or tax year beginning MAR 1, 2017 and		FEB 28, 2018	•				
B c a	heck if pplicab	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang			36-3413042					
	Initial		Room/suite	e E Telephone numbe	r				
	Final returr	39 WEST JACKSON PLACE	150		6-2263				
	termii ated			G Gross receipts \$	8,908,642.				
	Amer	ded INDIANAPOLIS, IN 46225		H(a) Is this a group re	eturn				
	Appli tion	F Name and address of principal officer: EKIC MARTIN		for subordinates	s? Yes 🗴 No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 📃 52	If "No," attach a	list. (see instructions)				
		te: WWW.MUSICFORALL.ORG		H(c) Group exemption	n number 🕨				
		organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Yea	r of formation: 1985	VI State of legal domicile: IN				
Pa	nrt I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities:	FOR ALL'	S MISSION IS TO					
Governance		CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING(CONT'D O							
erné	2	Check this box Image: Check this box	sed of mor						
Š	3			3	16				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			14				
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			37				
Activities &	6	Total number of volunteers (estimate if necessary)		_	2100				
Act					35,719.				
	d	Net unrelated business taxable income from Form 990-T, line 34			-8,595.				
	8	Contributions and grants (Dart)/III line 1b)		Prior Year 284,610.	Current Year 422,853.				
ane	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	7,400,370.	6,751,718.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		756.	7,857.				
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,442,797.	1,484,619.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,128,533.	8,667,047.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,856,266.	1,860,615.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
per		Total fundraising expenses (Part IX, column (D), line 25)							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,159,689.	6,628,139.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,015,955.	8,488,754.					
	19	Revenue less expenses. Subtract line 18 from line 12		112,578.	178,293.				
Ces			В	Beginning of Current Year	End of Year				
sets alan	20	Total assets (Part X, line 16)		4,918,878.	4,964,461.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		4,183,152.	4,050,442.				
		Net assets or fund balances. Subtract line 21 from line 20		735,726.	914,019.				
	rt II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.					

Sign		Signature of officer			Date			
Here		ERIC MARTIN, PRESIDENT AND CEO						
		Type or print name and title						
	Prin	t/Type preparer's name	Preparer's signature	Date	C	heck	PTIN	
Paid	AMAN	IDA MEKO, CPA		07/02/18	B S	elf-employed	₽01062615	
Preparer	Firm	's name 🕞 GREENWALT CPAS, INC.			Firm's E	IN 🕨	35 - 1489521	
Use Only	Firm	's address 🖕 5342 WEST VERMONT STREET						
		INDIANAPOLIS, IN 46224			Phone r	10.317-24	1-2999	
May the I	RS di	scuss this return with the preparer shown abov	ve? (see instructions)				X Yes	No
								<u> </u>

	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF MUSIC FOR ALL IS TO CREATE, PROVIDE AND EXPAND		
	POSITIVELY LIFE-CHANGING EXPERIENCES THROUGH MUSIC FOR ALL.		
	CONTINUED ONTO SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
~	If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	L	Yes 🔼 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expens	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,670,555. including grants of \$) (Revenue \$	\$	5,325,324.
	BANDS OF AMERICA GRAND NATIONAL CHAMPIONSHIPS, INDIANAPOLIS, INDIANA,		
	LUCAS OIL STADIUM. NATIONAL CHAMPIONSHIP FOR HIGH SCHOOL MARCHING		
	BANDS, INDIANAPOLIS MARCHING BAND TOURNAMENT, FUTURE MUSIC EDUCATOR		
	WORKSHOP, MUSIC EDUCATION ADVOCACY MEETINGS, AND STUDENT LEADERSHIP		
	WORKSHOP.		
	PARTICIPANTS SERVED: 16,592 STUDENTS FROM 105 SCHOOLS. TOTAL PROGRAM		
	ATTENDANCE: 91,693		
	ATTENDANCE: 91,095		
	CONTINUED ONTO SCHEDULE O		
4b	(Code:) (Expenses \$2, 320, 377. including grants of \$) (Revenue \$	\$ _	L,968,690.
	MUSIC FOR ALL NATIONAL FESTIVAL, INDIANAPOLIS, INDIANA. FESTIVAL FOR		
	MIDDLE SCHOOL AND HIGH SCHOOL CONCERT BANDS, ORCHESTRAS, PERCUSSION		
	ENSEMBLES, CHAMBER ENSEMBLES, AND THREE NATIONAL HONOR ENSEMBLES,		
	INDIANAPOLIS, INDIANA, PROGRAMS PRESENTED AT THE MUSIC FOR ALL NATIONAL		
	FESTIVAL INCLUDE:		
	FESTIVAL INCLUDE:		
	- NATIONAL CONCERT BAND FESTIVAL		
	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL		
	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL		
	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL		
	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA 		
	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O		
4c	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,624,626. including grants of \$) (Revenue S	\$	1,367,039.
4c	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O	\$	L,367,039.
4c	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,624,626. including grants of \$) (Revenue S	\$	L,367,039.
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4c	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue \$ \$ MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS,	\$	L,367,039.
	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue S MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE 	\$	L,367,039.
4c	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue \$ \$ MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND 	\$	L,367,039.
4c	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue S MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, 	\$	L,367,039.
4c	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue S MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, 	\$	L,367,039.
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4c	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses1,624,626. including grants of \$) (Revenue S MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING.	β	L,367,039.
4c	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue \$ \$ MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING. 	β	L,367,039.
	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - SANDY FELDSTEIN NATIONAL FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue \$ MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC BOOSTERS. TOTAL PROGRAM ATTENDANCE: 27,499	β	L,367,039.
	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$ 1,624,626. including grants of \$) (Revenue S MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING. 		L,367,039.
	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1, 624, 626. including grants of \$) (Revenue \$ \$ MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING. 	\$	L,367,039.
4d	 NATIONAL CONCERT BAND FESTIVAL ORCHESTRA AMERICA NATIONAL FESTIVAL SANDY FELDSTEIN NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$ 1,624,626. including grants of \$) (Revenue S MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHER ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, AND COLLEGIATE MUSIC STUDENTS. STUDENT DIVISIONS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING. 	5,994.)	
4d	- NATIONAL CONCERT BAND FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - ORCHESTRA AMERICA NATIONAL FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,624,626. including grants of \$) (Revenue \$ MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL SUDENTS, TEACHERS, AND MUSIC PARENTS AND BOOSTERS. CURRICULUM OPTIONS INCLUDE TEACHERS ACADEMIES FOR HIGH SCHOOL AND MIDDLE SCHOOL TEACHERS, PERCUSSION INSTRUCTORS, COLOR GUARD INSTRUCTORS, YOUNG TEACHERS, PERCUSSION INSTRUCTORS. STUDENTS INCLUDE MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR INSTITUTE, COLOR GUARD, PERCUSSION, ORCHESTRA, PEER TEACHING, AND LEADERSHIP. PARENTS AND MUSIC BOOSTER TRAINING. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC BOOSTERS. TOTAL PROGRAM ATTENDANCE: 27,499 Other program services (Describe in Schedule O.) (Expenses 119,041. including grants of \$) (Revenue \$	5,994.)	L, 367, 039.

Form	aan	(2017)	
-01111	990	(2017)	

MUSIC FOR ALL, INC.

	990 (2017) MUSIC FOR ALL, INC. 36-34130	42	Р	age 3
Pa	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	5 1 3			
	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	—		
.0	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,			<u> </u>
17		47		x
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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

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Pa	T IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
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	х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
·	Note. All Form 990 filers are required to complete Schedule O	38	х	
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Form	990 (2017) MUSIC FOR ALL, INC. 36-341304	2	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 308			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	• • • •	<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	990	

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			X
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
	tion A. devenning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16		165	INC
iu	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	15a	Х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IN , IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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: NANCY CARLSON - 317-636-2263			
	39 WEST JACKSON PLACE ST. #150, INDIANAPOLIS, IN 46225			

Form 990	(2017) MUSIC FOR ALL, INC.	36-3413042	Page 1
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	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 Compl	ete this table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the organization's	tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	l		(0	C)		louit	(D)	(E)	(F)
Name and Title	Average hours per		not c		more	1 than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					s bou pr/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee	upens		(W-2/1099-MISC)		organization and related
	below	dual tr	ıtional		nploy	st con	-			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) GAYL DOSTER	7.00									
CHAIRMAN		Х						0.	0.	Ο.
(2) DOUG PILERI	4.00									
VICE CHAIRMAN		х						37,500.	Ο.	0.
(3) DAVID SIMONS	1.00									
DIRECTOR		х						٥.	0.	0.
(4) PATRICK BURLEY	2.50									
TREASURER & SECRETARY		Х						٥.	0.	0.
(5) SAMUEL HODSON	2.50									
DIRECTOR		Х						0.	0.	0.
(6) V SAMUEL LAURIN	1.00									
DIRECTOR		X						0.	0.	0.
(7) ANMOL MEHRA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARLENE MILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GARRETT SCHARTON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GARTH GILMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RICHARD FLOYD	1.00									
DIRECTOR		х						0.	0.	0.
(12) MARLA SMITH	1.00									_
DIRECTOR		х						0.	0.	0.
(13) HERMAN KNOLL	1.00									
DIRECTOR		х						0.	0.	0.
(14) ANTHONY TANG	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(15) BARRY MORGAN	1.00							_	_	
DIRECTOR	1 00	х			-			0.	0.	0.
(16) AYATAY SHABAZZ	1.00							_	_	
DIRECTOR	EE 00	X					-	0.	0.	0.
(17) ERIC L. MARTIN PRESIDENT/CEO	55.00	-		x				193,450.	0.	22 752
732007 11-28-17	I	I		~	L			1 195,450.	0.	23,753. Form 990 (2017)

Form 990 (2017)

2017.04000 MUSIC FOR ALL, INC.

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Form	990 (2017) MUSIC FOR ALI	L, INC.								36-34	1304	2	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	, and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	Average Position Reportab hours per (do not check more than one box, unless person is both an officer and a director/trustee) Compensation					(E) Reportable compensatio from related		an	(F) stimate nount other	of		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	I	fr org an	pensa om th anizat d relat anizati	e ion ed
(18)	NANCY H. CARLSON	55.00	_	-		-	<u> </u>							
VICE	PRESIDENT/CFO		-		X				134,091.		0.		29,	207.
			-											
			-											
			-											
1b	Sub-total		-						365,041.		0.		52,	960.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 365,041.		0. 0.		52,	0. 960.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	t			2
3	Did the organization list any former officer,					•	•		•		[Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	v	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	iccrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		4	X	v
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or si	uch <u>i</u>	oers	on					5		X
1	Complete this table for your five highest co the organization. Report compensation for										ensat	ion fro	om	
	(A) Name and business		NO		<u>ig w</u>				(B) Description of s		c	((ompe	;) nsatio	
2	Total number of independent contractors (ii \$100,000 of compensation from the organia	•	ot lir	niteo	d to f		se lis 0	ted	above) who received mo	ore than				
												Form	990 (2017)

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art	VII							F
		Check if Schedule O conta	ains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
Ŋ	1 a	Federated campaigns	1a					
STUDOUUS	b	Membership dues						
	с	Fundraising events						
and other Similar Ar		–	1d					
		Government grants (contributi		259,446.				
0		All other contributions, gifts, gran	·					
le		similar amounts not included abov		163,407.				
5	a	Noncash contributions included in lines		16,000.				
anc	-	Total. Add lines 1a-1f			422,853.			
				Business Code	,			
	2 a	TICKET FEES		711190	3,024,559.	3,024,559.		
	b	HOUSING AND MEAL FEES		711190	1,669,665.	, ,		1,669,6
anı	č	EVENT FEES		711190	1,120,062.	1,120,062.		, ,
sver	d	BAND FEES		711190	648,825.	648,825.		
revenue		HOTEL COMMISSIONS		711190	288,607.	,		288,6
	-	All other program service reve	<u></u>					
		Total. Add lines 2a-2f			6,751,718.			
1	<u>y</u> 3	Investment income (including			•, ••=, •=••			
	3	other similar amounts)			7,857.			7,8
	4	Income from investment of tax			,			.,.
	- 5			· · ·				
	5	Royalties						
	~ -	Ourses weath	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						_
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		····· 🕨				-
	8 a	Gross income from fundraising including \$						
		contributions reported on line	1c). See					
		Part IV, line 18						
	b	Less: direct expenses	k					
	с	Net income or (loss) from fund	Iraising events	>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a	ı				
	b	Less: direct expenses	k					
	с	Net income or (loss) from gam	ing activities .					
1	0 a	Gross sales of inventory, less	returns					
		and allowances	a	887,463.				
	b	Less: cost of goods sold		241,595.				
	с	Net income or (loss) from sales	s of inventory .		645,868.	645,868.		
		Miscellaneous Revenue	e	Business Code				
1		SPONSORSHIP REVENUE		541800	812,163.		35,719	. 776,4
	b	MISCELLANEOUS REVENUE		900099	26,588.	26,588.		
	с							
	d	All other revenue						
		Total. Add lines 11a-11d			838,751.			
1	2	Total revenue. See instructions.			8,667,047.	5,465,902.	35,719	. 2,742,5

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 Form 990 (2017)
 MUSIC FOR ALL, INC.

 Part IX
 Statement of Functional Expenses
 MUSIC FOR ALL, INC.

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	his Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	361,150.	256,912.	64,228.	40,010
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,206,465.	954,732.	198,483.	53,250
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,118.	28,894.	5,696.	1,528
9	Other employee benefits	137,257.	106,746.	26,686.	3,825
10	Payroll taxes	119,625.	92,057.	20,092.	7,476
11	Fees for services (non-employees):				
	Management				
	Accounting				
	Lobbying				
	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 Sch O.)	201,685.	136,502.	38,919.	26,264
12	Advertising and promotion	186,931.	149,924.	36,264.	743
13	Office expenses	125,625.	101,400.	20,591.	3,634
14 15	Information technology	18,152.	18,152.	20,001.	5,034
15 16	Royalties	239,824.	191,859.	41,970.	5,995
10	Occupancy Travel	12,641.	5,862.	3,575.	3,204
18	Payments of travel or entertainment expenses	,•			0,202
10	for any federal, state, or local public officials				
19					
20	Interest	725.	580.	145.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,923.	23,138.	4,917.	868
23	Insurance	105,343.	84,275.	17,908.	3,160
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		1,674,473.	1,674,473.		
b		1,230,784.	1,207,114.	17,633.	6,037
c		1,033,752.	1,033,752.	,	,
d		789,294.	789,294.		
	All other expenses SEE SCH O	979,987.	878,933.	32,483.	68,571
25	Total functional expenses. Add lines 1 through 24e	8,488,754.	7,734,599.	529,590.	, 224,565
26	Joint costs. Complete this line only if the organization	. ,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

10 2017.04000 MUSIC FOR ALL, INC.

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33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

m 990 (2017) MUSIC FOR ALL, INC.				36-	3413042 Page 11
art X	Balance Sheet					
	Check if Schedule O contains a response or not	e to an	/ line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			2,780,913.	1	455,150.
2	Savings and temporary cash investments			901,277.	2	2,852,258.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			758,710.	4	832,589.
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensation	ated em	ployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disguali					
	section 4958(f)(1)), persons described in section	•	,			
	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instr).		• • •		6	
7	Notes and loans receivable, net	•			7	
8	Inventories for sale or use			19,477.	8	
9				354,632.	9	497,738.
	Land, buildings, and equipment: cost or other				-	,
	basis. Complete Part VI of Schedule D	10a	1,661,667.			
b	Less: accumulated depreciation		1,481,010.	83,869.	10c	180,657.
11	Investments - publicly traded securities				11	, , , , , , , , , , , , , , , , , , , ,
12	Investments - other securities. See Part IV, line -				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			20,000.	14	20,000.
15	Other assets. See Part IV, line 11			, · · · · · · · · · · · · · · · · · · ·	15	126,069.
16	Total assets. Add lines 1 through 15 (must equ			4,918,878.	16	4,964,461.
17	Accounts payable and accrued expenses			1,274,976.	17	496,798.
18	Grants payable			, , ,	18	, <u> </u>
19	Deferred revenue			2,686,315.	19	3,342,619.
20	Tax-exempt bond liabilities			, , ,	20	, , <u>,</u>
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and former				21	
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ated thir	d narties		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa				27	
20	parties, and other liabilities not included on lines	•				
		,		221,861.	25	211,025.
26	Tatal lishilities Add lines 17 through OF			4,183,152.	26	4,050,442.
20	Organizations that follow SFAS 117 (ASC 958		k here 🕨 🗴 and	-,,	20	-,•
	complete lines 27 through 29, and lines 33 an					
27		685,726.	27	700,293.		
28				50,000.	28	213,726.
20			Γ	,-•••	29	,
23	Organizations that do not follow SFAS 117 (A) check here		23	
	and complete lines 30 through 34.	50 300				
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed		t fund		31	
	Patain of capital surplus, of land, building, of et	1 aprile				

4,964,461. Form 990 (2017)

914,019.

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33

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735,726.

4,918,878.

Form

Assets

Liabilities

Net Assets or Fund Balances

BOA12__1

Form	1990 (2017) MUSIC FOR ALL, INC.	36-341304	2	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		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	,667,	047.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	,488,	754.
3	Revenue less expenses. Subtract line 2 from line 1	3		178,	293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		735,	726.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		914,	019.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	О.			
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	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle 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 requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

Form **990** (2017)

SCH	IED	ULE	Α
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(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2017
Onon to Dublic

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						Open to Public Inspection				
Nam	e of t	the organizati	on						Employer	identification number
			MUSIC	FOR ALL, INC.						36-3413042
Pa	rt I	Reason	for Public (Charity Status	All organizations must co	mplete th	is part.) Se	ee instructions		
The	organ				For lines 1 through 12, cl					
1	ГТ.		-		on of churches described	-		1)(A)(i).		
2	\square	-			Attach Schedule E (Form			- //- //-		
3	\square				anization described in se			ii).		
4		-	-		njunction with a hospital			-	(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10	X	An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersh	ip fees, an	d gross receipts from
		activities rela	ted to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	i09(a)(3). (Check the box in
		lines 12a thro	ugh 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled I	by its supp	oorted org	anization(s), ty	pically by	giving
				-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		, ,				
b		¬ -		-	l or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	vina
	-			-	anization vested in the sa			•		•
			-	t complete Part IV,					, , , , , , , , , , , , , , , , , , , ,	
с		¬ -		-	g organization operated	in connect	tion with. a	and functionall	v integrate	ed with.
	-		-). You must complete F				, ,	
d		¬ · ·	•		oorting organization oper				ted organiz	zation(s)
					ation generally must sati				-	
			-		nplete Part IV, Sections	-		-		
е		- ·	·	,	written determination from				I. Type III	
-			•		nally integrated supportir				·, ·, / - ···	
f	Ente	er the number								
				about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
							1			
						L				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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Schedule A (Form 990 or 990-EZ) 2017 MUSIC FOR ALL, I	NC

36-3413042

Page **2**

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.)

Calendar year (of fical year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (c) 2015 (c) 2016 (e) 2017 (f) Total (c) 2016 (e) 2017 (f) Total (f) Tota	See	ction A. Public Support						-
membership fees received. (Do not include any "unusual grants.")	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Include any "unusual grants.") 2 Tax revenues levied for the organization in the expansion of the organization and etcher pad to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ofter 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 Public support Cleadar year (of fixed year beginning in) 6 A Cotal Support Cleadar year (of fixed year beginning in) 7 A mounts from line 4 8 Grass income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the subainess is regulary carried on 1 Total support. Add lines 7 through 10 1 Total support text-add lines 7 through 10 2 Grass receipts form related and stop. Percentage Section C. Computation qualities, support Percentage Cleadar years, if the form 2016 Schedule A, Part II, line 14 9 Fublic support text-2017. (If the organization did not check a box on line 13, file, or 18b, and line 14 is 19% or more, and if the organization qualities are bubbly support text-2017. (If the organization did not check a box on line 13, file, or 18b, and line 14 is 19% or more, and if the organization qualifies as a publicly support text-2017. (If the organization did not check a box on line 13, file, or 18b, and line 14 is 19% or more, and if the organization qualifies as a publicly support de organization b 10% - facts-and-circumstances test - 2017. If the organization dignation dignation and stop here b and income from 2015 (Schedule A, Part II, line 14 b 2017 b 317% support test - 2017. (If the organization dignation dignation line 13, file, or 18b, and line 14 is 19% or more, b 10% - facts-and-circumstances test - 2017. If the organization dignation line 13, file, or 17b, and line 14 is 19% or more, b 10% - facts-and-circumstances test - 2017. I	1	Gifts, grants, contributions, and						
2 Tax reverues levied for the organization is behalf in the value of services or facilities turnished by a governmental int to the organization without charge 4 Tatal. Add lines 1 through 3 5 The portion of total contributions by each person (other thran a governmental unit or public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Subsci use 5 too line 4 Section B. Total Support Subsci use 5 too line 4 Section B. Total Support Subsci use 5 too line 4 Section B. Total Support Galaxy and the section 2% of the amount shown on line 11, column (f) 6 Public support, Subsci use 5 too line 4 Section B. Total Support Galaxy and the section 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 dross income from interest, dividends, payments received on securities loans, ents, revaities, and income from silens sources, 9 Net income from unrelated business activities, whether or not the business is regularly carried on if Total Support Add line 3? Unrough 10 Column 10 Colu		membership fees received. (Do not						
ication's benefit and atther paid to or expended on its behalf		include any "unusual grants.")						
or expended on its behaf The value of services or facilities Thre value of services or facilities The organization without charge The value of services or facilities The organization without charge The value of services or facilities The organization without charge The value of services or facilities The organization without charge The organization of total contributions The value of services or facilities The organization of total contributions The organization of the organization organization of the organization of the organization of the organization of the organization organization organization of the organ	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Control Contrecon Contrecontrol Control Control Control Control Co		ization's benefit and either paid to						
function without charge i 4 Total. Add lines 1 through 3 i 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) i 6 Public support 1. Setsatilitie 8 torn line 4. i 7 Amounts from line 4 i 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, payments received on securities (bans, rents, royallies, and income from interest, dividends, the sale of capital assets (Explain in Part VI). i 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). i 11 Total support test cavities. A prainties of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. i 9 Net income torganization or 2015 Checket A. Part II, line 14 is is 11 Total support test - 2017. If the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. is 2 13 First five years. If the Form 390 is for the organization (in a check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop herer. The organization qualifies as a publicy supported		or expended on its behalf						
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4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 6 Public support. Subset the 5 from time 4. 2 Amounts from line 4 2 Amounts from line 4. 3 Cross income from interest, dividends, payments received on securities loss, rents, royalites, and income from similar sources and income from similar sources. 9 Net income from unrelated business activities, whether or on the business is regularly carried on . 9 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(o)(3) organization, check this box and stop here. 2 Public support learcentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2016 C. Computation of Public Support Percentage 14 Public support test - 2017. If the organization did not check ab box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check ab box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check ab box on line 13, fig., for 18, and line 14 is 10% or more, and if the organization did not check ab box on line 13, fig., for 18, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Check this box		the organization without charge \dots						
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 Public support. Subject we show the element elemen	4	Total. Add lines 1 through 3						
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 b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	art VI how the org	anization
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explai	n in Part VI how t	ne
		organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a publi	cly supported orga	nization	
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17</u>			

Schedule A (Form 990 or 990-EZ) 2017

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

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(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 <u>(a) 2013</u> Calendar year (or fiscal year beginning in) 🕨 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 230,445 include any "unusual grants.") 205,246. 278,888. 284,610. 422,853 1,422,042. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,183,908 4,649,007 5,019,981 6,247,401 6,457,352. 26,557,649. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 2,006,021 2,217,964 2,314,772. 2,821,828, 2,734,716. 12,095,301. Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6,395,175 7,097,416 7,613,641 9,353,839, 9,614,921 40,074,992. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons 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 0. c Add lines 7a and 7b 0. 40,074,992. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 6,395,175 7,097,416 7,613,641 9,353,839 9,614,921 40,074,992. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 124 437 308 756 7,857, 9,482. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 35,719 acquired after June 30, 1975 30 149 35 116 35 216 39,275 175,475. 30,273 35,553 35,524 40,031, 43,576 184,957. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 7,132,969. 7,649,165. 9,393,870. 9,658,497, 40,259,949. 6,425,448. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 99.54 % 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 99.56 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .46 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 17 .44 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 732023 10-06-17 15

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 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.)

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6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

16

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u> Yes No

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
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Schedule A (Form 990 or 990-EZ) 2017	MUSIC	FOR	ALL,	INC
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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 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u> </u>				
Ь	Excess from 2016			

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	(Form 990 or 990-EZ) 2017 MUSIC FOR ALL, INC.	36-3413042	Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	nes 1 and 2; Part IV, Sectic Part V, Section B, line 1e; F	on C,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

MUSIC	FOR	ALL .	INC.	

36-3413042

Filers of:	Section:
Form 990 or 990-EZ	X 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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of or		[Page 2 Employer identification number
	ganization		Employer identification number
	R ALL, INC.		36-3413042
Part I	Contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution
2		\$10,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,0	00. Person X Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 5 Type of contribution
4		\$20,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,6	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.) (Form 990, 990-EZ, or 990-PF) (2017)

2017.04000 MUSIC FOR ALL, INC. BOA12_1

	B (Form 990, 990-EZ, or 990-PF) (2017)				Page 2
Name of or	ganization		Employe	er identification numbe	er
MUSIC FO	DR ALL, INC.		36	-3413042	
Part I	Contributors (see instructions). Use duplicate copies of Part I in	additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribu	ition
7		\$	<u>40,000.</u>	Person X Payroll Noncash (Complete Part II fo noncash contributio	 r
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribu	ition
8_		\$	36,504.	Person X Payroll Noncash (Complete Part II fo noncash contributio]] r
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribu	ıtion
9		\$	7,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio	 r
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribu	ition
10		\$	96,992.	Person X Payroll Noncash (Complete Part II fo noncash contributio	 r
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribu	ıtion
		\$	7,500.	Person X Payroll Noncash (Complete Part II fo noncash contributio]]]
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	itions	(d) Type of contribu	ition
12		\$	7,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio	r pns.)
723452 11-01	¹⁻¹⁷ 23	Sched	ule B (Form 9	90, 990-EZ, or 990-PF) (2017)

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 2
Name of or	ganization	Emplo	yer identification number
MUSIC FO	DR ALL, INC.		36-3413042
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,558.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$16,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

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n 990, s	990-EZ,	or 990-PF) (2017)	

ALL, INC. Noncash Property (see instructions). Use duplicate copies of Part	II if additional apone is peed		identification number
	Il if additional space is peeds	36-	3413042
Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is peede		5113016
	n n auunonai space is neede	ed.	
(b) Description of noncash property given	(c) FMV (or estimation (See instruction)		(d) Date received
DRUMS			
	\$16	<u>,000.</u>	06/30/17
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimation of noncash property given (b) (c) Description of noncash property given (c) (b) (c) (b) (c) Description of noncash property given (c) (b) (c) Description of noncash property given (c) (b) (c) Description of noncash property given (c) (b) (c) (c) FMV (or estimation (See instruction	(b) (c) Description of noncash property given (c) (b) (c) (c) (fW (or estimate)) (See instructions.) (see instructions.) (b)

25 2017.04000 MUSIC FOR ALL, INC.

tIII	the year from any one contributor. Complete	columns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 fo ving line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) 🕨 \$
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 - -		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - - -		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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BOA12__1

SCHEDUL	ΕD
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Department of the Treasury Internal Revenue Service

(Form 9	90)
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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.



Name	of the	organization
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Employer identification number

	3	6 -	34	113	042
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	MUSIC FOR ALL, INC.		36-3413042
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
	.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
		· · · · · · · · · · · · · · · · · · ·	
Par			
	Purpose(s) of conservation easements held by the organization	· · · · ·	
•	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
•	Total number of conservation easements		
	Number of conservation easements on a certified historic stru	ucture included in (e)	
u	Number of conservation easements included in (c) acquired a		
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	vation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	in easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
Dor	t III Organizations Maintaining Collections of	Art Historical Tracquires, or Oth	or Similar Acasta
Fai			er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
	(ii) Assets included in Form 990, Part X		• • •
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 201
732051	10-09-17		
		27	

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2017.04000	MUSIC	FOR	ALL,	INC.

Sche	dule D (Form 990) 2017 MUSIC FOR A						13042	F	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her S	imilar Asse	ts _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that are	a signif	icant use of its	collectior	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt	purpose in Pa	rt XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma					_	Yes		No
Par	t IV Escrow and Custodial Arran							r	
	reported an amount on Form 990, Pa		5			,	, , , ,		
1a	Is the organization an agent, trustee, custodi	an or other intermedia	arv for contributions	s or other assets i	not incl	uded			
	on Form 990, Part X?					_	Yes		No
h	If "Yes," explain the arrangement in Part XIII					L		L	
~			string table.				Amour	nt	
с	Beginning balance					1c	/ iniour		
	Additions during the year					10 10			
e	Distributions during the year					1e			
f	Ending balance					16 1f			
	Did the organization include an amount on Fe				 ability2		Yes		No
	If "Yes," explain the arrangement in Part XIII.					L	163		
Par									
		(a) Current year	(b) Prior year	(c) Two years bad		Three years bac	k (e) Fou	r voaro	- hack
10	Beginning of year balance	176,927.	146,923.	145,59		144,379			,099.
1a ⊾		16,090.	29,785.	1,20		1,102			,280.
b	Contributions	7,651.	7,333.	7,27		7,219	_	,	,200.
C	Net investment earnings, gains, and losses	7,051.	7,555.	7,27	5.	7,215	•		
d	Grants or scholarships						-		
е	Other expenditures for facilities	7 220	7 114	7 14		7 100			
-	and programs	7,339.	7,114.	7,14	4.	7,109	•		
t	Administrative expenses	102 200	176 007	146.02	2	145 501		1 4 4	270
g	End of year balance	193,329.	176,927.	,	3.	145,591	•	144	,379.
2	Provide the estimated percentage of the curr	ent year end balance) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 99.60	%							
С	Temporarily restricted endowment	.40%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	id administered fo	or the o	rganization			
	by:							Yes	No
	(i) unrelated organizations						. 3a(i)		X
								X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b	Х	
4	Describe in Part XIII the intended uses of the		/ment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Par	t X, line	9 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) Accu	imulated	(d) Boo	ok valu	Je
		basis (investm	ent) basis	(other)	depre	ciation			
1a	Land								
b	Buildings								
с	Leasehold improvements			764,818.		760,075.		4	,743.
	Equipment			896,849.		720,935.		175	,914.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		column (R) line 1)c)		>		180	,657.
						Schedu	le D (Fori	n 990) 2017
									-

		e 11b. See Form 990, Pa	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	e 11c. See Form 990. Pa	art X. line 13.
(a) Description of investment	(b) Book value		uation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lir Description	le 11d. See Form 990, Pa	art X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [e 11d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1)		e 11d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2)		e 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3)		le 11d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4)		le 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5)		L le 11d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6)		le 11d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)		L e 11d. See Form 990, Pa	
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8)		L e 11d. See Form 990, Pa	
Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization an	Description	e 11e or 11f. See Form §	(b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) for	Description		(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form S (b) Book value	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RESERVE FOR LICENSE FEES	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) RESERVE FOR LICENSE FEES (3) DEFERRED TRUST LIABILITY	Description	e 11e or 11f. See Form S (b) Book value	(b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) for (b) for (a) for (b) for (a) for (b) for (c) for	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) RESERVE FOR LICENSE FEES (3) DEFERRED TRUST LIABILITY	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value
Other Assets. Complete if the organization answered "Yes" or (a) for (b) for (a) for (b) for (a) for (b) for (c) for	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) (2) RESERVE FOR LICENSE FEES (3) DEFERRED TRUST LIABILITY (4) (5)	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RESERVE FOR LICENSE FEES (3) DEFERRED TRUST LIABILITY (4) (5) (6)	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RESERVE FOR LICENSE FEES (3) DEFERRED TRUST LIABILITY (4) (5) (6) (7)	Description	e 11e or 11f. See Form 9 (b) Book value 178,779.	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

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Sche	dule D (Form 990) 2017 MUSIC FOR ALL, INC.	36-3413042	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	9,127,464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 171,050.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 47,773.		
е	Add lines 2a through 2d	2e	218,823.
3	Subtract line 2e from line 1	3	8,908,641.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -241,594.		
С	Add lines 4a and 4b	4c	-241,594.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,667,047.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,913,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities <u>2a</u> 171,050.		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е		2e	183,314.
3	Subtract line 2e from line 1	3	8,730,348.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -241,594.		
С	Add lines 4a and 4b	4c	-241,594.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,488,754.
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

REVENUE REPORTED AS EIN 36-3991517	56,223.	
ELIMINATIONS	-8,450.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	47,773.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD, NETTED WITH GROSS SALES REVE	NUE -241,594.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
EXPENSES REPORTED AS EIN 36-3991517	20,714.	
	-8,450.	
ELIMINATIONS		
ELIMINATIONS 732054 10-09-17	30	Schedule D (Form 990) 201

chedule D (Form 990) 2017 MUSIC FOR ALL, INC.	36-3413042	Page
Part XIII Supplemental Information (continued)		
OTAL TO SCHEDULE D, PART XII, LINE 2D 12,264.		
ART XII, LINE 4B - OTHER ADJUSTMENTS:		
OST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE -241,594.		
ORM 990, SCHDULE D, PART XI AND PART XII		
HE AUDITED FINANCIAL STATEMENTS OF MUSIC FOR ALL, INC. INCLUDE THE		
OMBINED ACTIVITY OF ITS AFFILIATE, MUSIC FOR ALL FOUNDATION (FOUNDATION),		
IN 36-3991517, AN ORGANIZATION AFFILIATED THROUGH COMMON CONTROL, WHICH		
WARDS GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION. ALL SIGNIFICANT		
RANSACTIONS AND BALANCES BETWEEN THE ORGANIZATIONS HAVE BEEN ELIMINATED.		

Schedule D (Form 990) 2017

732055 10-09-17

SCH	IEDULE J	Compe	nsation Information	1	OMB No. 1	545-004	17		
(For	rm 990)	-	ctors, Trustees, Key Employees, and Highest		2017				
-	-	Co	mpensated Employees		ZU				
Depart	ment of the Treasury		n answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
	I Revenue Service		1990 for instructions and the latest information.		Inspe				
Nam	Name of the organization Employer ide								
_	MUSIC FOR ALL, INC. 36-3413								
Pa	Part I Questions Regarding Compensation								
		· · · ·	ny of the following to or for a person listed on Form	990,					
			elevant information regarding these items.						
	First-class or c		Housing allowance or residence for perso						
	Travel for companions Payments for business use of personal reside								
	Tax indemnification and gross-up payments								
	Discretionary s	pending account	Personal services (such as, maid, chauffe	ur, chef)					
_									
		· •	on follow a written policy regarding payment or						
			above? If "No," complete Part III to explain		1 b				
	•		ng or allowing expenses incurred by all directors,						
	trustees, and officer	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		2				
-									
	3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's								
			any boxes for methods used by a related organization	on to					
	·	tion of the CEO/Executive Director, but e							
	X Compensation		Written employment contract						
	·	ompensation consultant	X Compensation survey or study						
	X Form 990 of ot	her organizations	X Approval by the board or compensation c	ommittee					
4			Section A, line 1a, with respect to the filing						
	organization or a rel	•	-				v		
		e payment or change-of-control payment					X X		
			qualified retirement plan?				X		
			npensation arrangement?		4c				
	If "Yes" to any of lin	es 4a-c, list the persons and provide the	applicable amounts for each item in Part III.						
	Only an ation 501/a		ana must a smallata linaa 5 0						
)(3), 501(c)(4), and 501(c)(29) organizati		-					
5			did the organization pay or accrue any compensatio	n					
-	contingent on the re						x		
							x		
	Any related organiza				5 b		Δ		
		r 5b, describe in Part III.	did the examination pay or account and an account	n					
6			did the organization pay or accrue any compensatio	n					
	contingent on the net earnings of:								
	a The organization?								
	Any related organiza	r 6b, describe in Part III.			6b		X		
			did the examization provide any perfixed as weath						
			did the organization provide any nonfixed payments		7		x		
			contract that was subject to the		7				
	-		ccrued pursuant to a contract that was subject to the $4058 4(a)(2)2$ if "Yes." describe in Part III		0		x		
					8				
9			ble presumption procedure described in		9				
	Regulations section	eduction Act Notice, see the Instruction	ns for Form 990		ule J (Forn	000	2017		
LUA	FOI Paperwork Re	suction Activolice, see the instruction		Schedi	ule J (Forn	1 990)	2017		

732111 10-17-17

Schedule J (Form 990) 2017 MUSIC FOR ALL, INC.	ALL, INC.			36-3413042	2		Page 2
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).	orted on Schedule	J, report compensatio	on from the organization	tion on row (i) and fror	n related organization:	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	lividual must equal th	he total amount of Fo	rm 990, Part VII, Se	ction A, line 1a, applic:	able column (D) and (E	:) amounts for that indi	vidual.
	(B) Breakdown of	(B) Breakdown of W:2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deterred compensation	benetits	(出)(i)-(U)	in column (B) reported as deferred on prior Form 990
		Compensation	Compensation				
(1) ERIC L. MARTIN (i)	193,450.	0.	0.	7,576.	16,177.	217,203.	0.
	۰.	0.	٥.	۰.	.0	٥.	٥.
(2) NANCY H. CARLSON (i)	134,091.	• 0	۰.	5,333.	23,874.	163,298.	٥.
	۰.	٥.	0.	۰.	.0	٥.	٥.
(1)							
(i)							
(1)							
(ii)							
(1)							
(ii)							
(1)							
(1)							
(ii)							
(1)							
(ii)							
(i)							
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(ii)							
(1)							
(ii)							
(1)							
(ii)							
()							
(0)							
(ii)							
						Schedu	Schedule J (Form 990) 2017
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	732113 10-17-17	732113
190) 2017	Schedule J (Form 990) 2017	
	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Provid
Page 3	Schedule J (Form 990) 2017 ביינידער הא האין איי. Part III Supplemental Information	Part I
J >>>> 3	36-3413042	5

SCHEDULE L		Tra	insactior	ıs V	Vith	Inte	erested	P	ersons			ON	1B No. 1	1545-00)47
(Form 990 or 990-EZ)	Complete if		rganization and	swere	d "Yes	" on F	orm 990, Pari	t IV,	line 25a, 25b, 2	6, 27,	28 a,		20	17	7
Department of the Treasury			•	ch to	Form	990 or	Form 990-EZ	Z .		Open To Public Inspection				olic	
Internal Revenue Service Name of the organization	F	i0 t0 v	www.irs.gov/Fo	orm99	U for II	nstruci	tions and the	late	est information.	Employer identification number					
	MUSIC FOR						36-3413042								
									29) organization						
1			vered "Yes" on F Relationship betv						Form 990-EZ, Pa)b.	(d)	Corre	ected?
(a) Name of disqualif	fied person	(-7)	person and or				(0	c) De	escription of tran	sactic	n			es	No
													+		
													+		
													1		
													+		
2 Enter the amount of	tax incurred by	the o	rganization man	agers	or disc	qualified	d persons duri	ing t	he year under						
											► \$				
3 Enter the amount of	tax, if any, on li	ne 2, a	above, reimburs	ed by	the ore	ganizat	ion				▶ \$				
Part II Loans to	and/or From	n Int	erested Pers	sons.											
	•					, Part \	/, line 38a or F	orm	990, Part IV, line	e 26; (or if th	ie orgai	nizatio	n	
reported an amount on Form (a) Name of (b) Relation			nship (c) Purpose (d) Loan to or			(e) Original	(f	(f) Balance due (g) In			(h) Ap	proved	(i) V	Vritten
interested person	with organ				n the zation?		ipal amount			default?		by boa	by hoard or U		ement?
				To	From					Yes	No	Yes	No	Yes	No
															+
															<u> </u>
															+
															<u> </u>
															+
Total	I		I				> \$				1				1
			efiting Inter												
	0		vered "Yes" on F			l Ó			(d) Type	of		(e)	Purn	058.0	of
(a) Name of interested person		'	(b) Relationship between interested person and the organization			(c) Amount of assistance		(d) Type assistand					(e) Purpose of assistance		
		_													
		_									_				
		_									-+				
		+									+				
LHA For Paperwork Re	duction Act No	otice,	see the Instruc	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	90-EZ	2) 2017

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12360702 765919 BOA12

Schedule L (Form 990 or 990 EZ) 2017 MUSIC FOR ALL, INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
MARLENE MILLER	BOARD MEMBER OF MUS	66,000.	FRED J. MIL		x
DOUGLAS PILERI	BOARD MEMBER OF MUS	20,000.	CONSULTING		x

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARLENE MILLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF MUSIC FOR ALL, INC. & PRESIDENT/CEO OF FRED J. MILLER, INC.

(D) DESCRIPTION OF TRANSACTION: FRED J. MILLER, INC. IS AN OFFICIAL

SPONSOR OF MUSIC FOR ALL, INC.

(A) NAME OF PERSON: DOUGLAS PILERI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF MUSIC FOR ALL, INC.

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

Schedule L (Form 990 or 990-EZ) 2017

12360702 765919 BOA12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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



Employer identification number 36-3413042

MUSIC FOR ALL, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCES THROUGH MUSIC FOR ALL.

THE VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY

CHILD ACROSS AMERICA HAS ACCESS AND OPPORTUNITY TO PARTICIPATE IN

ACTIVE MUSIC MAKING IN HIS OR HER SCHOLASTIC ENVIRONMENT. WE USE OUR

RESOURCES TO PROVIDE NATIONAL PROGRAMS THAT RECOGNIZE AND SUPPORT MUSIC

STUDENTS' PERFORMANCE AND SUCCESS, OFFER MUSIC EDUCATOR TRAINING AND

PROFESSIONAL DEVELOPMENT, AND DELIVER TOOLS AND RESOURCES TO

PARTICIPANTS AND THEIR COMMUNITIES THAT WILL ASSIST THEM IN SUPPORTING

MUSIC EDUCATION BY PROMOTING AWARENESS OF MUSIC'S IMPACT ON STUDENT

GROWTH AND ACHIEVEMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY

CHILD ACROSS AMERICA HAS ACCESS AND OPPORTUNITY TO PARTICIPATE IN

ACTIVE MUSIC MAKING IN HIS OR HER SCHOLASTIC ENVIRONMENT. WE USE OUR

RESOURCES TO PROVIDE NATIONAL PROGRAMS THAT RECOGNIZE AND SUPPORT MUSIC

STUDENTS' PERFORMANCE AND SUCCESS, OFFER MUSIC EDUCATOR TRAINING AND

PROFESSIONAL DEVELOPMENT, AND DELIVER TOOLS AND RESOURCES TO

PARTICIPANTS AND THEIR COMMUNITIES THAT WILL ASSIST THEM IN SUPPORTING

MUSIC EDUCATION BY PROMOTING AWARENESS OF MUSIC'S IMPACT ON STUDENT

GROWTH AND ACHIEVEMENT.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17 37 Schedule O (Form 990 or 990-EZ) (2017)

2017.04000 MUSIC FOR ALL, INC.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
SERIES OF 20 BANDS OF AMERICA SUPER REGIONAL AND REGIONAL CHAMPIONSHIPS	
HELD IN: POWDER SPRINGS, GA; CANTON, OH; MCALLEN, TX; AUSTIN, TX;	
CLARKSVILLE, TN; DAYTON, OH; CONROE, TX; TOLEDO, OH; JACKSONVILLE, AL;	
PLANO, TX; WINSTON-SALEM, NC; NEWARK, DE; MIDLAND, TX; SAINT LOUIS, MO;	
SAN JOSE, CA; ATLANTA, GA; SAINT GEORGE, UT; DOWNEY, CA; INDIANAPOLIS,	
IN; SAN ANTONIO, TX.	
PARTICIPANTS SERVED: 109,376 STUDENTS FROM 601 SCHOOLS. TOTAL PROGRAM	
ATTENDANCE: 362,065	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
- HONOR ORCHESTRA OF AMERICA	
- JAZZ BAND OF AMERICA	
- DIRECTORS' ACADEMY	
- INDIANAPOLIS SCHOOL MUSIC FESTIVAL	
PARTICIPANTS SERVED: 2,676 STUDENTS AND 129 TEACHERS.	
TOTAL PROGRAM ATTENDANCE: 35,996	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ADVOCACY PROGRAMS A SERIES OF PROGRAMS PROVIDING EDUCATIONAL AND	
ADVOCACY RESOURCES, INCLUDING A SERIES OF AFFILIATED REGIONAL MUSIC	
FESTIVALS.	
A SERIES OF TWELVE AFFILIATE REGIONAL MUSIC FESTIVALS, PRESENTED BY	
LOCAL MUSIC PROGRAMS WITH SUPPORT FROM MUSIC FOR ALL. FESTIVALS	
INCLUDE:	

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
- WESTERN REGIONAL CONCERT BAND FESTIVAL, UNIVERSITY OF UTAH, SALT LAKE	
CITY, UT	
- METRO EAST CONCERT BAND FESTIVAL, O'FALLON TOWNSHIP HIGH SCHOOL	
(MILBURN CAMPUS), O'FALLON, IL	
- CINCINNATI REGIONAL CONCERT BAND FESTIVAL, WILLIAM MASON HIGH SCHOOL,	
MASON, OH	
- NORTHWEST REGIONAL CONCERT BAND FESTIVAL, MOUNTAIN VIEW HIGH SCHOOL,	
VANCOUVER, WA	
- SOUTHEASTERN REGIONAL CONCERT FESTIVAL AT GEORGIA STATE UNIVERSITY,	
GEORGIA STATE UNIVERSITY, ATLANTA, GA	
- LOUISIANA CONCERT BAND INVITATIONAL, EAST BAYOU BAPTIST CHURCH,	
LAFAYETTE, LA	
- SOUTHERN REGIONAL CONCERT FESTIVAL AT RUSSELLVILLE CENTER FOR THE	
ARTS, ARKANSAS TECH UNIVERSITY, RUSSELLVILLE, AR	
- METROPOLITAN WIND BAND INVITATIONAL, ROXBURY HIGH SCHOOL, ROXBURY,	
NJ	
- CHICAGOLAND INVITATIONAL CONCERT BAND FESTIVAL, JOHN HERSEY HIGH	
SCHOOL, ARLINGTON HEIGHTS, IL	
- SAN JOAQUIN VALLEY CONCERT BAND INVITATIONAL, CLOVIS NORTH HIGH	
SCHOOL, FRESNO, CA	
- SOUTHERN INVITATIONAL HIGH SCHOOL CHORAL COMPETITION & FESTIVAL,	
GEORGIA SOUTHERN UNIVERSITY, STATESBORO, GA	
- KETTERING NATIONAL A CAPPELLA FESTIVAL, KETTERING FAIRMONT HIGH	
SCHOOL, KETTERING, OH	
STUDENTS SERVED: 13,163	
TOTAL ATTENDANCE: 19,102	
OTHER ADVOCACY PROGRAMS INCLUDE: PROFESSIONAL DEVELOPMENT TOOLS,	
732212 09-07-17 Sch	edule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
RECOGNITION TO SUPPORT MUSIC IN OUR SCHOOLS, WORKING TO ENSURE MUSIC	
EDUCATION IS AVAILABLE TO EVERY CHILD, WITH EMPHASIS ON INCREASING	
ACCESS TO MUSIC EDUCATION FOR STUDENTS AND TEACHERS IN SMALL, RURAL,	
AND URBAN SCHOOLS. MUSIC FOR ALL OFFERS THESE PROGRAMS INDEPENDENTLY	
AND ALSO COLLABORATES WITH A NUMBER OF OTHER PROGRAMS TO EXTEND THE	
REACH OF ITS ADVOCACY PROGRAMMING.	
EXPENSES \$ 94,624. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
MUSIC FOR ALL NEWSLETTER A SERIES OF NEWSLETTERS CONTAINING	
EDUCATIONAL ARTICLES, NEWS, AND INFORMATION ABOUT MUSIC FOR ALL	
PROGRAMS.	
TOTAL CIRCULATION: 33,400 E-MAIL, 19,400 DIRECT MAIL, 52,800 TOTAL.	
EXPENSES \$ 24,417. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,994.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM, THEN REVIEWED	
BY THE CFO, CEO, AND FINANCE COMMITTEE. AFTER THIS FIRST REVIEW, THE DRAFT	
FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND	
COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO DISCUSS THE RETURN. THE	
RETURN IS FILED ONLY AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH BOARD MEMBER SUBMITS A SIGNED CONFLICT OF INTEREST STATEMENT UPON	
ELECTION TO THE BOARD. UPDATED STATEMENTS ARE SIGNED AND SUBMITTED AT EACH	
SUBSEQUENT ANNUAL MEETING. THE ANNUAL MEETINGS NORMALLY OCCURS DURING THE	
MONTH OF FEBRUARY EACH YEAR.	
FORM 990, PART VI, SECTION B, LINE 15:	

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Schedule O (Form 990 or 990-EZ) (2017)

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Name of the organization MUSIC FOR ALL, INC.		Page Employer identification number 36-3413042
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DE		1
THE CEO. THIS PROCESS INCLUDES AT LEAST AN A	ANNUAL REVIEW AND APPROVAL BY	
INDEPENDENT BOARD MEMBERS, INCLUDING REVIEW (DF COMPARABILITY DATA. THE CEO	
, IS RESPONSIBLE FOR DETERMINING SALARY OF OTH		
PERFORMANCE AND REVIEW OF COMPENSATION SURVE	· · · · · ·	
POSITIONS.		
FORM 990, PART VI, SECTION C, LINE 19:		
MUSIC FOR ALL, INC. MAKES ITS GOVERNING DOCUM		
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO	O THE PUBLIC UPON REQUEST.	
AUDITED FINANCIAL STATEMENTS AND FORM 990 AR	E POSTED ON ORGANIZATION'S	
WEBSITE.		
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCT:	IONAL EXPENSES.	
OTHER EVENTS EXPENSE:		
PROGRAM SERVICE EXPENSES	475 818	
MANAGEMENT AND GENERAL EXPENSES		
	14,205.	
	61 570	
FUNDRAISING EXPENSES	· · ·	
	61,572. 551,659.	
TOTAL EXPENSES	· · ·	
FOTAL EXPENSES EQUIPMENT RENTAL:	· · ·	
TOTAL EXPENSES EQUIPMENT RENTAL: PROGRAM SERVICE EXPENSES	551,659.	
TOTAL EXPENSES EQUIPMENT RENTAL: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	551,659. 189,487.	
TOTAL EXPENSES EQUIPMENT RENTAL: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	551,659. 189,487. 0.	
TOTAL EXPENSES EQUIPMENT RENTAL: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	551,659. 189,487. 0. 0.	
TOTAL EXPENSES TOTAL EXPENSES EQUIPMENT RENTAL: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES AWARD AND TROPHY EXPENSE: PROGRAM SERVICE EXPENSES	551,659. 189,487. 0. 0.	

Name of the organization		Employer identification number
MUSIC FOR ALL, INC.		36-3413042
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	2,768.	
TOTAL EXPENSES	120,297.	
TELEPHONE:		
PROGRAM SERVICE EXPENSES	47,489.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	1,781.	
TOTAL EXPENSES	59,362.	
OTHER PERSONNEL RELATED EXPENSE:		
PROGRAM SERVICE EXPENSES	18,707.	
MANAGEMENT AND GENERAL EXPENSES	4,677.	
FUNDRAISING EXPENSES	1,842.	
TOTAL EXPENSES	25,226.	
REPAIRS AND MAINTENANCE:		
PROGRAM SERVICE EXPENSES	16,210.	
MANAGEMENT AND GENERAL EXPENSES	3,445.	
FUNDRAISING EXPENSES	608.	
TOTAL EXPENSES	20,263.	
TAXES:		
PROGRAM SERVICE EXPENSES	13,693.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	13,693.	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 2	24E, COL A 979,987.	
732212 09-07-17	42	Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990-EZ) (2017	')
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Name of the organization

MUSIC FOR ALL, INC.

Page 2 Employer identification number 36-3413042

FORM 990, PART XI, LINE 2C

THE SELECTION OF AN INDEPENDENT ACCOUNTANT BEGINS BY EVALUATING

RECOMMENDATIONS FROM THE INDIANAPOLIS BUSINESS COMMUNITY, FOLLOWED BY

AN INTERVIEW PROCESS WITH MUSIC FOR ALL (MFA) MANAGEMENT. THE MFA BOARD

OF DIRECTORS APPROVES THE SELECTION BY MANAGEMENT. THE FINANCE

COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH STRICT OVERSIGHT OF

FINANCIAL MATTERS OF MFA, INCLUDING THE AUDIT. IN ADDITION, THE ENTIRE

BOARD REMAINS ENGAGED IN THE REVIEW OF MFA FINANCES, INCLUDING THE

AUDIT.

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Schedule R (Form 990) 2017	Schedule R (I				s for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Paperw
x		170B(1)(A)(VI) N/A	170E	INDIANA 50	DISTRIBUTE GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION	FOR ALL FOUNDATION - 36-3991517 JACKSON PLACE NAPOLIS, IN 46202	MUSIC FOR ALL 39 W. JACKSON INDIANAPOLIS,
(g) Section 512(b)(13) controlled entity? Yes No	(f) Direct controlling entity	(e) Public charity status (if section 501(c)(3))	(d) Exempt Code Pu section statt	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, ar of related organiz	
npt	ore related tax-exem	se it had one or m	⁹ art IV, line 34, becau	answered "Yes" on Form 990, F	tions. Complete if the organization :	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Part II I
(f) controlling ntity	Direct o	(e) End-of-year assets	(d) Total income	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN (if applicable) of disregarded entity	z
				" on Form 990, Part IV, line 33.	e if the organization answered "Yes"	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	Part I lo
ation number	Employer identification number 36-3413042					Name of the organization MUSIC FOR ALL, INC.	Name of the
Open to Public Inspection	-9		information.	n990 for instructions and the latest i	✓ Go to www.irs.gov/Form990 for instructions and the latest information.	of the Treasury enue Service	Department of the Treasury Internal Revenue Service
2017	OM	37.	nerships ∍ 33, 34, 35b, 36, or :	and Unrelated Part	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.		SCHEDULE R (Form 990)

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Schedule R (Form 990) 2017	dule R (For	Sche					1					732162 09-11-17	7321
(i) Section 512b)(13) entity? Yes No	(h) Percentage ownership	(g) Share of end-of-year assets		(f) Share of total income	(e) Type of entity (C corp, S corp, or trust)		(d) Direct controlling	(c) Legal domicile (state or foreign country)	(b) Primary activity	Prim	₽Z	(a) Name, address, and EIN of related organization	
ore related	ad one or m	, because it ha	nt IV, line 34	orm 990, Pa	"Yes" on Fc	on answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Complete		ng the tax y	ganizations Taxable rporation or trust duri	Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	Pa
(J) (K) General or Percentage managing ownership partner? Yes No	(J) 31 General or 0X managing 0A partner? UIe Partner? 05) Yes No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(n) Disproportionate allocations? Yes No	(9) Share of end-of-year assets		(T) Share of total income	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(a) Direct controlling entity	(C) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of related organization	
	36-3413042 one or more relate	on Form 990, Part IV, line 34, because it had one or more related	34, because	^o art IV, line :	Form 990, F		Complete if the organization answered "Yes"	if the orga	ership. Complete	as a Partne ax year.	MUSIC FOR ALL, INC. ated Organizations Taxable las a partnership during the t) 2017 ion of Rel ins treatec	Pa Sch

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2017	n 990)	Schedule R (Form 990) 2017			732163 09-11-17	732
					(6)	(6)
					5)	(5)
					(4)	(4)
					3	(3)
		ACCOUNT PAYABLE	12,483	E	(2) MUSIC FOR ALL FOUNDATION, INC.	(2)
		GRANT FOR SUMMER SYMPOSIUM CAMP	8,450.	Q	(1) MUSIC FOR ALL FOUNDATION, INC.	Ē
		(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization	
		covered relationships and transaction thresholds.		ho must complete thi	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	N
X		15				
х		1r		- - - - - - - - - - - - - - - - - - -	r Other transfer of cash or property to related organization(s)	_
*					q Reimbursement paid by related organization(s) for expenses	
< ⊳						_
4						
×		10			o Sharing of paid employees with related organization(s)	
X		<u>1n</u>		on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	_
X		<u>1m</u>		hization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	_
×		1		nization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	
×		1k			k Lease of facilities, equipment, or other assets from related organization(s)	_
Х		1			j Lease of facilities, equipment, or other assets to related organization(s)	
x		-				_
Х		Th			Purchase of assets from related organiza	_
Х		1 g			Sale of assets to related organization(s	
x		11			f Dividends from related organization(s)	
	×	1e			e Loans or loan guarantees by related organization(s)	
X		<u>1d</u>			d Loans or loan guarantees to or for related organization(s)	
	×	<u>1c</u>			c Gift, grant, or capital contribution from related organization(s)	_
×		16			b Gift, grant, or capital contribution to related organization(s)	_
×		1a		·	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	÷
			lated organizations listed	s with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	-
No	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	z
		י, or 36.	1 990, Part IV, line 34, 35t	vered "Yes" on Form	Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	P

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					(a) Name, address, and EIN of entity	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.
					(b) Primary activity	able as a Partnership. Co entity taxed as a partnersh structions regarding exclu
					(c) Legal domicile (state or foreign country)	omplete if the organ nip through which t sion for certain inve
					(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ization answered "Yes he organization condu sstment partnerships.
					(e) Are all partners sec. 501(c)(3) orgs? Yes No	cted ma
					(f) Share of total income	rm 990, Part IV, line ore than five percent
					(g) Share of end-of-year assets	37. of its activities (mea
					(h) Dispropor- tionate allocations? Yes No	3sured t
Schedule					(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	by total assets or g
R (For					(j) General ou managing partner? Yes No	ross re
Schedule R (Form 990) 2017					(k) Percentage ownership	venue)

Schedule R (Form 990) 2017 MUSIC FOR ALL, INC.

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

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