

Form 990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 Π **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. MAR 1 2018 and ending FEB 28, 2019 A For the 2018 calendar year, or tax year beginning

INDIANAPOLIS, IN 46225 H(a) Is this a group return for subordinates of principal officer; ERIC MARTIN SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (inset no.) 4947(a)(1) or 522 H No, attach a list. (see instructions) J Website: WWW.MUSICFORALL, ORG H(c) Group exemption number ► Form of organization: I Corporation Trust Association Other ► J Website: WWW.MUSICFORALL, ORG H(c) Group exemption number ► Form of organization: I Corporation Trust Association Other ► L Year of formation; 1985 M State of legal domicile; IN Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MUSIC FOR ALL IS T O CREATE, PROVIDE AND EXFAND POSITIVELY (CONT'D ON SCH O) 3 116 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendary year 2018 (Part V, line 1a) 3 116 4 115 5 141 15 5 Total number of individuals employed in calendary year 2018 (Part V, line 2a) 6 12100 4 120 7a 33,	B c a	heck if pplicab	C Name of organization	D Employer identifi	cation number			
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Image: Provided and the street (or P.0, box if mail is not delivered to street address) Room/suite E Telephone number 39 WEBT JACKSON PLACE 150 31 - 635 - 2263 City or town, state or province, country, and ZIP or foreign postal code G cross mecopies 5 10,113,843. Image: Introducting the province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates? Ves X No Image: Introducting the province, country, and ZIP or foreign postal code G cross mecopies 5 10,113,843. Image: Introducting the province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates included? Ves X No Image: Introducting the province, country, and ZIP or foreign postal code H(a) Is this a group return for subordinates included? Ves X No Image: Introducting the province, country, and ZIP or foreign postal code H(b) For all subordinates? Ves X No Image: Introducting the province structure included to the province structure		Name		36-34	413042			
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SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax exempt status: X 501(c)(3) 501(c) ((inset no.) (4947(a)(1) or 527 H(b) Are all subordinates included? Yes No MUBDESITE: WWW.MUSICFORALL.ORG H(b) Are all subordinates included? Yes No Form of organization: X Corporation Trust Association Other L Year of formation: 1985 M State of legal domicile: IN Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MUSIC FOR ALL IS 2 Check this box L if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of undependent voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 7 Total numelated business taxable income from Form 990-T, line 38 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 34, and 7c) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 11 Other semue - add lines 3 through 11 (must equal Part VIII, column (A), lines 1-3) 0.		Appli	F Name and address of principal officer: ERIC MARTIN					
I Tax-exempt status: I 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ WWW.MUSICFORALL_ORG H(c) Group exemption number ▶ K Form of organization: I C corporation Trust Association Other ▶ L Year of formation: 1985 M State of legal domicile: IN Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MUSIC FOR ALL IS To CREATE, PROVIDE AND EXPAND POSITIVELY (CONT D ON SCH O) 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of volunteers (estimate if necessary) 5 44 5 Total number of volunteers (estimate if necessary) 6 2100 7 a Total unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 422, 853. 384, 479. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 7, 7857. 30, 307. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1, 484, 619. 1, 677. 324. 10		pendi						
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14 Definite paid to of normembers (rartix, column (x), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 300,902. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,628,139. 7,468,846. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,488,754. 9,830,933. 19 Revenue less expenses. Subtract line 18 from line 12 178,293. 38,424. 10 Total assets (Part X, line 16) 4,964,461. 4,972,721.		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
17 Other expenses (Part X, columit (X), lines that Hd, thi24e) 0,000,000 1,000,000 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,488,754. 9,830,933. 19 Revenue less expenses. Subtract line 18 from line 12 178,293. 38,424. 56 Beginning of Current Year End of Year 4,964,461. 4,972,721.	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,860,615.	2,362,087.		
17 Other expenses (Part X, columit (X), lines that Hd, thi24e) 0,000,000 1,000,000 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,488,754. 9,830,933. 19 Revenue less expenses. Subtract line 18 from line 12 178,293. 38,424. 56 Beginning of Current Year End of Year 4,964,461. 4,972,721.	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	٥.		
17 Other expenses (Part X, columit (X), lines that Hd, thi24e) 0,000,000 1,000,000 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,488,754. 9,830,933. 19 Revenue less expenses. Subtract line 18 from line 12 178,293. 38,424. 56 Beginning of Current Year End of Year 4,964,461. 4,972,721.	ę		Total fundraising expenses (Part IX, column (D), line 25)	902.				
19 Revenue less expenses. Subtract line 18 from line 12 178,293. 38,424. 58 Beginning of Current Year End of Year 4,964,461. 4,972,721.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,628,139.	7,468,846.		
Beginning of Current Year End of Year 4,964,461. 4,972,721.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,488,754.	9,830,933.		
्रहुँ 20 Total assets (Part X, line 16) 4,964,461. 4,972,721.		19	Revenue less expenses. Subtract line 18 from line 12		178,293.	38,424.		
हुँदू 20 Total assets (Part X, line 16) 4,964,461. 4,972,721.	ces			Be				
	sets alan	20	Total assets (Part X, line 16)		4,964,461.	4,972,721.		
	t As d Bi	21	Total liabilities (Part X, line 26)		4,050,442.	4,020,278.		
	Eun-				914,019.	952,443.		
Part II Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
Here	ERIC MARTIN, PRESIDENT AND CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	AMANDA MEKO, CPA		07/08/19	self-employed	₽01062615	
Preparer	Firm's name 🕒 GREENWALT CPAS, INC.			Firm's EIN 🕨	35-1489521	
Use Only	Firm's address 5342 WEST VERMONT STREET	1				
	INDIANAPOLIS, IN 46224			Phone no. 317 - 24	41-2999	
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes	No
832001 12-3	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990	(2018)

832001 12-31-18 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t 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.	······ <u> </u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
-	If "Yes," describe these changes on Schedule O.	····· <u> </u>	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	nses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.	the total expens	cs, and
4a	(Code:) (Expenses \$4, 345, 777. including grants of \$) (Revenue	¢	4,048,304.
1 a	BANDS OF AMERICA GRAND NATIONAL CHAMPIONSHIPS, INDIANAPOLIS, INDIANA,	⊅	-,,
	LUCAS OIL STADIUM. NATIONAL CHAMPIONSHIP FOR HIGH SCHOOL MARCHING		
	BANDS, INDIANAPOLIS PUBLIC SCHOOLS EXHIBITION PERFORMANCE AND		
	LEADERSHIP WORKSHOP, FUTURE MUSIC EDUCATOR WORKSHOP, MUSIC EDUCATION		
	ADVOCACY MEETINGS, AND STUDENT LEADERSHIP WORKSHOP.		
	PARTICIPANTS SERVED: 18,144 STUDENTS FROM 105 SCHOOLS. TOTAL PROGRAM		
	ATTENDANCE: 89,592		
	CONTINUED ONTO SCHEDULE O		
			0 145 440
4b		\$	2,145,442.
	MUSIC FOR ALL NATIONAL FESTIVAL, INDIANAPOLIS, INDIANA. FESTIVAL FOR		
	MIDDLE SCHOOL AND HIGH SCHOOL CHOIRS, CONCERT BANDS, ORCHESTRAS,		
	PERCUSSION ENSEMBLES, CHAMBER ENSEMBLES, AND THREE NATIONAL HONOR		
	ENSEMBLES, INDIANAPOLIS, INDIANA. PROGRAMS PRESENTED AT THE MUSIC FOR		
	ALL NATIONAL FESTIVAL INCLUDE:		
	- NATIONAL CONCERT BAND FESTIVAL		
	- NATIONAL CHOIR FESTIVAL		
	- ORCHESTRA AMERICA NATIONAL FESTIVAL		
	 SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL 		
	- CHAMBER MUSIC NATIONAL FESTIVAL		
	- CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA		
	- CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O		
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,815,865. including grants of \$) (Revenue)	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,815,865. including grants of \$) (Revenue MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY.	\$	1,532,543.
4c	- CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865. including grants of \$) (Revenue MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS,	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,815,865. including grants of \$) (Revenue MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY.	\$	1,532,543.
4c	- CHAMBER MUSIC NATIONAL FESTIVAL - HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865. including grants of \$) (Revenue MUSIC FOR ALL SUMMER SYMPOSIUM, MUNCIE, INDIANA, BALL STATE UNIVERSITY. NATIONAL MUSIC CAMP FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS,	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses\$1,815,865. 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	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses\$1,815,865. 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,	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865. 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	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865. 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,	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865including 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, MUSIC PRODUCTION, AND LEADERSHIP.	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865. 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,	\$` 	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865including 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, MUSIC PRODUCTION, AND LEADERSHIP.	\$	1,532,543.
4c	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses\$1,815,865. 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, MUSIC PRODUCTION, AND LEADERSHIP. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC	\$	1,532,543.
	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (code:)(Expenses \$1,815,865. 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, MUSIC PRODUCTION, AND LEADERSHIP. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC BOOSTERS.	\$	1,532,543.
	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865. 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, MUSIC PRODUCTION, AND LEADERSHIP. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC BOOSTERS. TOTAL PROGRAM ATTENDANCE: 27,499	\$ \$ 50,958.)	1,532,543.
	CHAMBER MUSIC NATIONAL FESTIVAL HONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:) (Expenses \$1,815,865. 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, MUSIC PRODUCTION, AND LEADERSHIP. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC BOOSTERS. TOTAL PROGRAM ATTENDANCE: 27,499 Other program services (Describe in Schedule O.)	50,958.)	
4d	CHAMBER MUSIC NATIONAL FESTIVAL ONOR BAND OF AMERICA CONTINUED ONTO SCHEDULE O (Code:)(Expenses \$1,815,865including 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, MUSIC PRODUCTION, AND LEADERSHIP. PARTICIPANTS SERVED: 1,497 STUDENTS, 271 TEACHERS AND PARENTS/MUSIC BOOSTERS. TOTAL PROGRAM ATTENDANCE: 27,499 Other program services (Describe in Schedule O.) (Expenses \$	50,958.)	1,532,543.

			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		x
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	L		
v	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,			
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	. <i>'</i>		
10	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? <i>If</i> "Yes."			
13		19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	x
		20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
832003	12-31-18		990	(2018)
				()

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3 2018.04000 MUSIC FOR ALL, INC.

Form 990 (2018) MUSIC FOR ALL, INC Part IV Checklist of Required Schedules MUSIC FOR ALL, INC.

Form	990	(2018)	١
	330	(2010)	l

Form 990 (2018) MUSIC FOR ALL, INC. Part IV Checklist of Required Schedules (c

T a	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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		X
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? <i>If</i> "Yes,"	26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		x
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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	<i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
0L	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 370			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	(00.1.7)
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	7			

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	990 (2018) MUSIC FOR ALL, INC.	36-341304	2	P	Page 5							
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
				Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return	2a 41										
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		2.0									
20			3a	х								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	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 Ac											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit										
	any contributions that were not tax deductible as charitable contributions?		6a		x							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution											
	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 serv	vices provided to the payor?	7a		x							
			7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		10		<u> </u>							
С	to file Form 8282?		70		x							
			7c									
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			x							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X							
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	NT / 7								
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g	N/A	<u> </u>							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h	N/A								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•										
	sponsoring organization have excess business holdings at any time during the year?	N/A	8									
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b									
10	Section 501(c)(7) organizations. Enter:	1										
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders N/A	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a									
а			15a									
	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	13c										
14a			14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or										
	excess parachute payment(s) during the year?		15		X							
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X							
	If "Yes," complete Form 4720, Schedule O.											
			Γ	000	(0010							

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .		X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
2	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		x
5 6		6		x
о 7а		0		
1 a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
b	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal neverbe code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	
	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	Х	
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			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ble
18	for public inspection. Indicate how you made these available. Check all that apply.			
18				
	X Own website Another's website X Upon request Other (explain in Schedule O)	tinanc	al	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
18 19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending w	ith 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 (Ď), (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.

(A)	(B)	l	un∠a		<u>C)</u>		out	(D)	(E)	(F)
Name and Title	Average (do not check more than one						one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	than o s both r/trus	n an	compensation	compensation	amount of
	week		Cer ar		recto	r/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or i	stee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	trust	al tru		oyee	ompe				and related
	below	vidual	In stitutional trustee	er	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Emp	Former			
(1) GAYL DOSTER	7.00									
CHAIRMAN		Х						0.	0.	0.
(2) DOUG PILERI	4.00									
VICE CHAIRMAN		Х						0.	0.	0.
(3) DAVID SIMONS	1.00									
DIRECTOR		Х						0.	0.	0.
(4) PATRICK BURLEY	2.50									
TREASURER & SECRETARY		Х						0.	0.	0.
(5) SAMUEL HODSON	2.50									
DIRECTOR		Х						0.	٥.	0.
(6) V SAMUEL LAURIN	1.00									
DIRECTOR		Х						0.	٥.	0.
(7) ANMOL MEHRA	1.00									
DIRECTOR		Х						0.	٥.	0.
(8) MARLENE MILLER	1.00									
DIRECTOR		Х						0.	٥.	0.
(9) GARRETT SCHARTON	1.00									
DIRECTOR		Х						0.	٥.	0.
(10) GARTH GILMAN	1.00									
DIRECTOR		Х						٥.	٥.	0.
(11) RICHARD FLOYD	1.00									
DIRECTOR		Х						٥.	٥.	0.
(12) KATHY PITTS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) HERMAN KNOLL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ANTHONY TANG	1.00									
DIRECTOR		х						0.	0.	0.
(15) BARRY MORGAN	1.00									
DIRECTOR		х						0.	0.	0.
(16) AYATAY SHABAZZ	1.00									
DIRECTOR		х						0.	0.	0.
(17) ERIC L. MARTIN	55.00									
PRESIDENT/CEO				х				199,910.	0.	29,435.
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Form 990 (2018) MUSIC FOR A	LL, INC.								36-341	3042	2	P	'age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than or box, unless person is both officer and a director/truste			۱ than o is both	one n an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı		(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)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	ation le tion ted
(18) NANCY H. CARLSON	55.00												
EXEC VICE PRESIDENT/CFO				х				115,775.		٥.		25,	268.
(19) JEREMY L. ERNHART VICE PRESIDENT AND COO	55.00			x				154,126.		٥.		24,	217.
								,					
1b Sub-total								469,811.		٥.		78,	920.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0. 469,811.		0. 0.		78,	0. 920.
2 Total number of individuals (including but compensation from the organization							o re	eceived more than \$100,	000 of reportable				3
												Yes	No
3 Did the organization list any former office				-	•	•		•			•		v
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the schedule 1 is th											3		X
and related organizations greater than \$1	-		-					-	-		4	х	
5 Did any person listed on line 1a receive or										····	-		
rendered to the organization? If "Yes." co											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest of the provided of	-	-								ensat	ion fro	om	
the organization. Report compensation fo	r the calendar y	ear e	endir	ng w	rith c	or wi	thin	the organization's tax yo	ear.		(0	<u>וי</u>	
Name and busines	s address	NO	NE					Description of s	ervices	С		nsatio	n
2 Total number of independent contractors	(including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	nization 🕨				(0					F -	000	
											Form	990 (2018)

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	90 (2 VIII		OR ALL, IN I UE	u.			36-34130)42 Pa
		Check if Schedule O conta	ains a respons	se or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
n	1 a	Federated campaigns	1a					
sunouu		Membership dues						
	с	Fundraising events						
and other Similar Al		Related organizations						
		Government grants (contributi		229,578.				
ō	f	All other contributions, gifts, grant	ts, and					
ne		similar amounts not included abov	/e 1f	154,901.				
	g	Noncash contributions included in lines	1a-1f: \$	15,841.				
an	h	Total. Add lines 1a-1f			384,479.			
				Business Code				
:	2 a	TICKET FEES		711190	3,323,234.	3,323,234.		
Ð	b	HOUSING AND MEAL FEES		711190	2,083,610.			2,083,6
revenue	с	EVENT FEES		711190	1,380,717.	1,380,717.		
évé	d	BAND FEES		711190	738,904.	738,904.		
	е	HOTEL COMMISSIONS		711190	250,782.			250,7
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	7,777,247.			
:	3	Investment income (including	dividends, inte	erest, and				
		other similar amounts)		►	30,307.			30,3
	4	Income from investment of tax	-exempt bond	d proceeds 🛛 🕨				
1	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
.	7 a	Gross amount from sales of	(i) Securitie	s (ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		<u></u>				
;	8 a	Gross income from fundraising including \$						
		contributions reported on line						
		Part IV, line 18		а				
	b	Less: direct expenses		b				
		Net income or (loss) from fund		s >				
		Gross income from gaming ac	-					
		Part IV, line 19		a				
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
1		Gross sales of inventory, less						
		and allowances		a 1,095,652.				
	b	Less: cost of goods sold		b 244,486.				
		Net income or (loss) from sales			851,166.	851,166.		
		Miscellaneous Revenue	e	Business Code				
1	1 a	SPONSORSHIP REVENUE		541800	750,712.		33,797	. 716,9
	b	MISCELLANEOUS REVENUE		900099	75,446.	75,446.		
	с							
	d	All other revenue						
		Total. Add lines 11a-11d			826,158.			
	2	Total revenue. See instructions			9,869,357.	6,369,467.	33,797	. 3,081,6

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MUSIC FOR ALL, INC.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	494,025.	361,892.	90,473.	41,660
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	4 545 654	1 156 510	400.004	450.000
7 Other salaries and wages	1,515,651.	1,156,719.	199,864.	159,068
8 Pension plan accruals and contributions (include		00 070	9 019	1 500
section 401(k) and 403(b) employer contributions)	36,667.	28,070.	7,017.	1,580
9 Other employee benefits	175,355.	133,644.	33,411.	8,300
0 Payroll taxes	140,389.	106,972.	26,743.	6,674
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	230,444.	163,288.	50,568.	16,588
Advertising and promotion	298,503.	260,564.	37,219.	720
3 Office expenses	168,212.	132,463.	27,556.	8,193
I4 Information technology	17,577.	17,577.	27,550.	0,195
5 Royalties	251,077.	198,657.	50,672.	1,748
6 Occupancy	42,619.	25,922.	6,480.	10,217
7 Travel	42,019.	25,522.	0,400.	10,217
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
ы на стали стал	3,064.	2,451.	613.	
20 Interest	5,001.	2,101.	013.	
Payments to affiliates 22 Depreciation, depletion, and amortization	27,016.	21,613.	4,593.	810
	90,160.	72,128.	15,327.	2,705
23 Insurance 24 Other expenses. Itemize expenses not covered	50,100.	, 2, 200,	10,017.	2,,00
above. (List miscellaneous expenses not covered 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a PARTICIPANT HOUSING AND	2,126,818.	2,126,818.		
b CLINICIAN AND JUDGE FEE	1,355,445.	1,355,445.		
c CONTRACTED SERVICES	1,177,652.	1,155,688.	18,451.	3,513
d FACILITY RENTAL - EVENT	831,183.	831,183.		
e All other expenses	849,076.	778,925.	31,025.	39,126
25 Total functional expenses. Add lines 1 through 24e	9,830,933.	8,930,019.	600,012.	300,902
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 Figure if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

10 2018.04000 MUSIC FOR ALL, INC.

BOA12.T1

10000708 765919 BOA12.TAX

BOA12.T1

5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 497,738. 500,109. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 10a 1,650,579. basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 1,507,626. 180,657. 10c 142,953. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 20,000. 20,000. 14 Intangible assets 14 126,069. 126,429. 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 4,964,461. 4,972,721. 16 16 496,798. 652,060. Accounts payable and accrued expenses 17 17 18 18 Grants payable 3,342,619. 3,158,964. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 211,025. 209,254. Schedule D 25 4,050,442. 4,020,278. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 700,293. 830,111. 27 27 Unrestricted net assets 213,726. 122,332. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 914,019. 952,443. Total net assets or fund balances 33 33 4,964,461. 4,972,721. 34 34 Total liabilities and net assets/fund balances Form 990 (2018)

MUSIC FOR ALL, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees. Complete

Form 990 (2018)

1

2

3

4

5

Part X Balance Sheet

36-3413042

1

2

3

4

(A) Beginning of year

455,150.

832,589.

2,852,258

Page 11

482,751.

951,651.

2,748,828.

(B) End of year

Form	1990 (2018) 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	9	,869,	357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,830,	933.
3	Revenue less expenses. Subtract line 2 from line 1	3		38,	424.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		914,	019.
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		952,	443.
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	0.			
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	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 required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

Form **990** (2018)

SCH	IED	ULE	Α
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Department of the Treasury

(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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspe	ction				
Nam	e of t	he organizati	on						Employer	identificatio	on number
_				FOR ALL, INC.						36-341304	2
Pa					All organizations must co			e instruction	6.		
The	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital'	s name,
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic descril	bed in
		-		omplete Part II.)		0			0 1		
8					(1)(A)(vi). (Complete Par	t II.)					
9	\square	-			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
		•			ulture (see instructions).	· ·			•	°	
		university:		,			·, ,	,			
10	X		on that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from a	ontributio	ns members	hin fees an	d aross rece	ints from
					ct to certain exceptions,						
					(less section 511 tax) fro	. ,			• •	0	
				mplete Part III.)			soos acqui		Janization a		, 1070.
11					vely to test for public sat	fetv See	section 50	19(a)(4)			
12		-	-	-	vely for the benefit of, to	•			rny out the	nurnoses of	one or
12		-	-	-	d in section 509(a)(1) o	-			•	-	
				-							
		7	•	• •	f supporting organization				-	nivina	
а				-	upervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
	_			complete Part IV, Se							
b				-	or controlled in connect			-		•	
			-		anization vested in the sa	ame perso	ns that coi	ntrol or mana	ge the supp	orted	
				t complete Part IV,							
С			-		g organization operated				lly integrate	d with,	
			0	. , .). You must complete I	-		-			
d			-		oorting organization oper				-		
			•		ation generally must sat	-		-	l an attentiv	eness	
		7			nplete Part IV, Sections						
е		_	Ũ		written determination from			Туре I, Туре	II, Type III		
		functionally	/ integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.				
f			of supported o	•							
g				about the supporte		(iv) is the ora:	anization listed	(1) (f waara ahaw i	(
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in	-	(vi) Amour support (see	
		organization	•		above (see instructions))	Yes	No		1311 40110113)	Support (See	
Tota	1										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

36-3413042

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Sec	tion A. Public Support						
include any 'urusual grants.") 2 2 Tax revenues levied for the organization is behalf 3 Tax revenues levied on its behalf 4 Total. Add lines 1 through 3 5 The portion of total contributions by each peorie on (line than a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Reservices the shown on line 11, column (i) 7 Amount shown on line 11, column (i) 8 Grass income from interest, divided business and income from line shown on line 1, that exceeds 2% of the amount shown on line 11, column (i) 6 Public support. Reservices the met al securities low in the shown on line 11, column (i) 6 Grass income from line 4. 8 Grass income from line 4. 9 Net income from line 4. 9 Net income from similar sources, and the system set elevies on the sale of capital similar sources. 9 Net income from unrelated business a caputies, and income from similar sources. 9 Net income from unrelated business a caputies, and income from similar sources. 9 Net income from unrelated business a caputies, business is regularly carried on bot the coganization if divided by line 11, column (f) 12 12 Gros		Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
ictation's banefit and either pair to or expended on its behalf								
timested by a governmental unit to the organization without charge 4 1 stal. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 226 of the amount shown on line 11, column (0) 4 4 6 Public support. Assauctive 51 on the 4. 4 4 Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from sinal'a sources 1 <t< td=""><td>2</td><td>ization's benefit and either paid to</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	2	ization's benefit and either paid 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) Image: Column (f) 6 Public support. Subtrat line 3 too line 4 Image: Column (f) Image: Column (f) Calendar year (or fiscal year beginning in) (f) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 Image: Column (f) Image: Co	3	furnished by a governmental unit to						
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Schedule A (Form 990 or 990-EZ) 2018

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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 **(a)** 2014 **(e)** 2018 Calendar year (or fiscal year beginning in) 🕨 (b) 2015 (c) 2016 (d) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 230,445. 278,888 422,853. 384,479 1,601,275. include any "unusual grants.") 284,610 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,649,007. 5,019,981 6,247,401 6,457,352. 7,255,422. 29,629,163. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 2,217,964 2,314,772. 2,821,828 2,734,716. 2,409,838. 12,499,118. 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 7,097,416, 7,613,641 9,353,839 9,614,921 10,049,739 43,729,556. 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. 43,729,556. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9,353,839 9 Amounts from line 6 7,097,416 7,613,641 9,614,921 10,049,739 43,729,556. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 437 308 756, 7,857, 30,307, 39,665. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 35 116 35 216 39,275 35,719 33,797 179,123. 35,553 35,524 40,031 43,576, 64,104 218,788. 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. 10,113,843, 43,948,344. **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 99.50 % 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 99.54 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .50 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 .46 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. 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 - 2017. 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) 2018 832023 10-11-18 15

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2018.04000 MUSIC FOR ALL, INC.

(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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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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7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

No Yes

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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		
	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 insti	ructions		
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		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018
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Schedule A (Form 990 or 990-EZ) 2018	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 see instructions) 4 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).

Schedule A (Form 990 or 990-EZ) 2018

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Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot 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 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 MUSIC FOR ALL, INC.	36-3413042	Pag
		ines 1 and 2; Part IV, Section Part V, Section B, line 1e; F	on C,

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832028 10-11-18		Schedule A (Form 990 or 990-EZ) 2018

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	* *

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

2018

Employer identification number

36-3413042

MUSIC	FOR	ALL.	INC.

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of or	ganization	Emple	oyer identification number
MUSIC FO	R ALL, INC.		86-3413042
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000.	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
2		\$9,000.	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
3		\$30,000.	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
4		\$45,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 2
Name of o	rganization		Emplo	over identification number
MUSIC FO	DR ALL, INC.		3	6-3413042
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
7		\$ 3	6,504.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
8		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
9_			55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
10		\$	7,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
11		\$	5,455.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	tions	(d) Type of contribution
12		\$	8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedu	ule B (Form	990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of o	rganization	Emplo	oyer identification number
MUSIC FC	DR ALL, INC.	3	6-3413042
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,841.	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
14		\$25,000.	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_		\$10,000.	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
		\$	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.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 3
Name of or	rganization		Employer identification number
MUSIC FO	DR ALL, INC.		36-3413042
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
13	UNIFORMS		
		\$15,	841. 02/28/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
823453 11-08		\$	 B (Form 990, 990-EZ, or 990-PF) (2018)

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	anization		Employer iden	tification numb
	ALL, INC.		36-34130	
art III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (a) and the following line entr	v For organizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) *	
a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	gift is held
		·		
.				
-				
-		e) Transfer of gift		
		(c) manorer er gint		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to trans	feree
-		[
-				
i) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	qift is held
artl				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to trans	feree
-				
-				
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	nift is held
art I	(~) · ~ Pooo o g	(0) 000 01 gill	(,	,
-				
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to trans	feree
-	Transferee's name, address, a	nd ZIP + 4		feree
-	Transferee's name, address, a	nd ZIP + 4		feree
	Transferee's name, address, a	nd ZIP + 4		feree
) No. 'om			Relationship of transferor to trans	
No. om art I	Transferee's name, address, a	nd ZIP + 4		
) No. 'om art I			Relationship of transferor to trans	
) No. 'om art I			Relationship of transferor to trans	
) No. rom art I		(c) Use of gift	Relationship of transferor to trans (d) Description of how generation	
) No. rom art I			Relationship of transferor to trans (d) Description of how generation	
No. 	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to trans (d) Description of how generation of how generati	gift is held
) No. 'om art I		(c) Use of gift	Relationship of transferor to trans (d) Description of how generation	gift is held
) No. rom art I 	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to trans (d) Description of how generation of how generati	gift is held
) No. rom 'art I 	(b) Purpose of gift	(c) Use of gift	Relationship of transferor to trans (d) Description of how generation of how generati	gift is held

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2018.04000 MUSIC FOR ALL, INC.

SCHEDULE [)
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Department of the Treasury

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 organizatio	n
Internal Revenue Service	

Nam	e of the organization MUSIC FOR ALL, INC.		Employer identification number 36-3413042
Pa		Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
-	Total number at and of year		
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 wri	-	
	are the organization's property, subject to the organization's exe		
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or d		ľ – –
De	impermissible private benefit?		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struct	ure included in (a)	
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	Yes 🛄 No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing con	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	blic 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 treasu		
	the following amounts required to be reported under SFAS 116		
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 MUSIC FOR AL	1				36-341		Р	age 2			
Pa	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Sim	nilar Assets	contir	nued)				
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	following that are a s	significa	ant use of its c	ollection	items	3			
	(check all that apply):											
а	Public exhibition	d	Loan or exc	hange programs								
b	Scholarly research	e	Other									
с	Preservation for future generations											
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organization's exe	empt pu	urpose in Part	XIII.					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets												
_	to be sold to raise funds rather than to be main						Yes		No			
Pa	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or					
10	· · · ·		on for contribution	o or other exects per	tipolud	od						
Ia	Is the organization an agent, trustee, custodiar		•				Vee		No			
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII ar					L	Yes					
a	In res, explain the arrangement in Part XIII ar	id complete the loli	owing table.		Г		Amount	+				
~	Persinning balance					1c	Amount	ι				
	Beginning balanceAdditions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					16 1f						
	Did the organization include an amount on For				···	··	Yes		No			
	If "Yes," explain the arrangement in Part XIII. C				•	······			Ī			
Pa												
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four	years	back			
1a	Beginning of year balance	193,329.	176,927.	146,923.		145,591.		379.				
b	Contributions	21,244.	16,090.	29,785.		1,203.		1,10				
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs		7,339.	7,114.		7,144.		7,109				
f	Administrative expenses											
g	End of year balance	215,540.	193,329.	176,927.		146,923.		145,	591.			
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a))) held as:								
а	Board designated or quasi-endowment 🕨 _		_%									
b	Permanent endowment 99.19	%										
С	Temporarily restricted endowment	.81%										
	The percentages on lines 2a, 2b, and 2c should											
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administered for t	the orga	anization	r		. 			
	by:							Yes	No			
	(i) unrelated organizations						3a(i)		X			
							3a(ii)	X	──			
b	If "Yes" on line 3a(ii), are the related organization						3b	X				
	Describe in Part XIII the intended uses of the o t VI Land, Buildings, and Equipme	0	vment funds.									
Ta			Devit IV / line 11e O		(line 1	0						
	Complete if the organization answered						(-1) D1					
	Description of property	(a) Cost or ot basis (investm	• •		Accum eprecia		(d) Bool	k valu	e			
1-	Land	· · ·	0000		5010010							
	Land											
b	Buildings Leasehold improvements			771,758.	7	61,157.		10	601.			
	Equipment			878,821.		46,469.		,	352.			
	Other					,		,				
	Add lines 1a through 1e. (Column (d) must eau		(column (R) line 1	0c)				142	953.			
		auri onni 030, i dil /		<u></u>		Schedule	D (Form	-				

(a) Description (1) Financial de	Complete if the organization answered "Yes" 1 of security or category (including name of security) lerivatives Id equity interests	on Form 990, Part IV, II (b) Book value		ion: Cost or end-of-year market value
(1) Financial de (2) Closely-hele (3) Other (A) (B) (C) (D) (E)	lerivatives			,
(2) Closely-hele (3) Other (A) (B) (C) (D) (E)				
(3) Other				
(A) (B) (C) (D) (E)				
(B) (C) (D) (E)				
(C) (D) (E)				
(D) (E)				
(E)				
(G)				
(H)				
Total. (Col. (b) m Part VIII	nust equal Form 990, Part X, col. (B) line 12.)			
	complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of Valuati	ion: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nust equal Form 990, Part X, col. (B) line 13.) 🕨			
	Other Assets. complete if the organization answered "Yes" (a)	on Form 990, Part IV, li Description	ne 11d. See Form 990, Part >	K, line 15. (b) Book value
(1)	(4)	Description		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column) (b) must equal Form 990, Part X, col. (B) line Dther Liabilities.	. 15.)		>
C/	complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990,	, Part X, line 25.
1.	(a) Description of liability		(b) Book value	
	al income taxes			
	VE FOR LICENSE FEES		178,779.	
	RED TRUST LIABILITY		30,475.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990. Part X. col. (B) line	25)	209,254.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2018

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Sche	edule D (Form 990) 2018 MUSIC FOR ALL, INC.	36-	3413042	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	•	
	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	10,	294,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities 2b 151,3	41.		
с	Recoveries of prior year grants 2c			
d		11.		
е	Add lines 2a through 2d	2e		181,052.
3	Subtract line 2e from line 1	. 3	10,3	113,843.
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 -244, 4	86.		
с	Add lines 4a and 4b	4c	-:	244,486.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		869,357.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retur	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	10,	236,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 151,3	41.		
b	Prior year adjustments 2b			
с				
d		95.		
е	Add lines 2a through 2d	2e	-	160,936.
3	Subtract line 2e from line 1	. 3	10,	075,419.
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 -244, 4	86.		
с	Add lines 4a and 4b	4c	-:	244,486.
5		5	9,8	830,933.
Pa	rt XIII Supplemental Information.			
	ide 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, li 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ne 4; Part	X, line 2; Part	XI,

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832054 10-29-18	30	Schedule D (Form 990) 2018
ELIMINATIONS	-8,450.	
EXPENSES REPORTED AS EIN 36-3991517	18,045.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE	E -244,486.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
	23,711.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	29,711.	
ELIMINATIONS	-8,450.	
REVENUE REPORTED AS EIN 36-3991517	38,161.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:		

Schedule D (Form 990) 2018 MUSIC FOR ALL, INC.	36-3413042	Page
Part XIII Supplemental Information (continued)		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 9,595.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
COST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE -244,486.		
FORM 990, SCHDULE D, PART XI AND PART XII		
THE AUDITED FINANCIAL STATEMENTS OF MUSIC FOR ALL, INC. INCLUDE THE		
COMBINED ACTIVITY OF ITS AFFILIATE, MUSIC FOR ALL FOUNDATION (FOUNDATION),		
EIN 36-3991517, AN ORGANIZATION AFFILIATED THROUGH COMMON CONTROL, WHICH		
AWARDS GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION. ALL SIGNIFICANT		
TRANSACTIONS AND BALANCES BETWEEN THE ORGANIZATIONS HAVE BEEN ELIMINATED.		

SC	HEDULE J	Compensa	ation Information	1	OMB No. 1	545-004	47		
(Fo	rm 990)	-	s, Trustees, Key Employees, and Highest		20	10)		
			ensated Employees swered "Yes" on Form 990, Part IV, line 23.		2018				
Dena	rtment of the Treasury		ich to Form 990.	Open to Public					
Intern	al Revenue Service	Go to www.irs.gov/Form990	for instructions and the latest information.		Inspection				
Nam	ne of the organization			Employer ic		on nui	nber		
D		MUSIC FOR ALL, INC.		36-34	13042				
Ра	rt I Question	Regarding Compensation							
	.					Yes	No		
1a			the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any releva							
	First-class or c		Housing allowance or residence for perso						
	Travel for com		Payments for business use of personal re-						
		ation and gross-up payments	Health or social club dues or initiation fee						
		pending account	Personal services (such as maid, chauffe	ir, chet)					
L.	If any of the house	on line to are abacked did the exception for	llow a written policy recording polymont ar						
b		on line 1a are checked, did the organization for			46				
2		require substantiation prior to reimbursing o	ve? If "No," complete Part III to explain		1b				
2	•		arding the items checked on line 1a?		2				
	trustees, and onice	s, including the GEO/Executive Director, rega			2				
3	Indicate which if ar	w of the following the filing organization used	to establish the compensation of the organiza	tion's					
U			poxes for methods used by a related organization						
		tion of the CEO/Executive Director, but expla							
	X Compensation		Written employment contract						
		ompensation consultant	X Compensation survey or study						
	X Form 990 of o		 Approval by the board or compensation c 	ommittee					
		nel organizations		ommittee					
4	During the year did	any person listed on Form 990, Part VII, Sect	tion A line 1a with respect to the filing						
	organization or a re	•••							
а	0				4a		x		
b			fied retirement plan?				x		
c			sation arrangement?				x		
-		es 4a-c, list the persons and provide the appl							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.						
5			he organization pay or accrue any compensatio	n					
	contingent on the re								
а	•				. 5a		х		
	Any related organiz						X		
	If "Yes" on line 5a c	r 5b, describe in Part III.							
6			he organization pay or accrue any compensatio	n					
	contingent on the n	et earnings of:							
а	a The organization?								
	Any related organiz						х		
	If "Yes" on line 6a c	r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did th	he organization provide any nonfixed payments						
	not described on lir	es 5 and 6? If "Yes," describe in Part III \ldots			7		x		
8			ed pursuant to a contract that was subject to th						
	initial contract exce	ption described in Regulations section 53.495	58-4(a)(3)? If "Yes," describe in Part III		8		x		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable p	presumption procedure described in						
	Regulations section				9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions fo	or Form 990.	Schedu	ule J (Forn	n 990)	2018		

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36-3413042

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) ERIC L. MARTIN	(i)	191,210.	8,700.	0.	7,931.	21,504.	229,345.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(2) JEREMY L. ERNHART	(i)	154,126.	٥.	0.	569.	23,648.	178,343.	٥.	
VICE PRESIDENT AND COO	(ii)	0.	0.	0.	0.	0.	0.	٥.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

Part III Supplemental Information

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.

Schedule J (Form 990) 2018

SCHEDULE L		Tra	Insaction	ıs V	Vith	Inte	erested	P	ersons			ON	/IB No. ⁻	1545-0()47
(Form 990 or 990-EZ)	Complete in			swere	d "Yes	" on F	orm 990, Pari	t IV,	line 25a, 25b, 2	6, 27,	28a,		20	18	3
Department of the Treasury Internal Revenue Service		Go to v		ch to	Form	990 or	Form 990-EZ	Z .					pen T spect		olic
Name of the organizatio	n									Employer identification number					
	MUSIC FOR											L3042			
	Benefit Trans														
Complete i	if the organizatio		vered "Yes" on F Relationship betv				ne 25a or 25b), Or	Form 990-EZ, Pa	art V, I	ine 40)b.	(4)	Corr	ected?
(a) Name of disqual	lified person		person and or		•	nicu	(0	c) De	escription of tran	sactic	n			es	No
														\dashv	
													+	\dashv	
													+	\rightarrow	
2 Enter the amount of	of tax incurred by	the o	rganization man	agers	or disc	qualifie	d persons duri	ing t	he year under						
											► \$				
3 Enter the amount of	of tax, if any, on i	ine 2, i	above, reimburs	ed by	the org	ganizat	ion				▶ ३				
Part II Loans to	o and/or From	n Int	erested Pers	sons.											
Complete i	if the organizatio	n ansv	vered "Yes" on F	Form 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, line	e 26; (or if th	ie orgai	nizatio	n	
	n amount on For		i	1 I								(h) Ap	noved	(n) 1	
(a) Name of interested person	(b) Relation (b) with organ			(d) Loan to or from the organization?			(f) Balance due		(g) In default?		by board committe			Vritten ement?	
·					To From					Yes No		Yes	No	Yes	
Total				1			▶ \$								1
	or Assistance	Ber	efiting Inter	ested	d Per	sons									
Complete i	if the organizatio	n ansv	vered "Yes" on F	Form 9	90, Pa	art IV, li	ne 27.								
(a) Name of intere	ested person		(b) Relationship interested pers the organiza	son an			c) Amount of assistance		(d) Type assistan				(e) Purpose of assistance		
		-													
		_													
		-									_				
	aduation Act N		ooo the lastered	lione	or Fai	 	or 000 E7		C-h	adula	 (Гс	rm 000		0 = -	0040
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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	(e) Sharing of organization's revenues?	
				Yes	No
MARLENE MILLER	BOARD MEMBER OF MUS	66,000.	FRED J. MIL		х

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.

Schedule L (Form 990 or 990-EZ) 2018

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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:

LIFE-CHANGING 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. 832211 10-10-18 37 Schedule O (Form 990 or 990-EZ) (2018)

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2018.04000 MUSIC FOR ALL, INC.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
MUSIC FOR ALL, INC.	36-3413042
SERIES OF 21 BANDS OF AMERICA SUPER REGIONAL AND REGIONAL AND ONE	
AFFILIATE MARCHING BAND REGIONAL. CHAMPIONSHIPS HELD IN: OXFORD, OH;	
MIDLAND, TX; MCALLEN, TX; AUSTIN, TX; BOWLING GREEN, OH; CLARKSVILLE,	
TN; HOUSTON, TX; JACKSONVILLE, AL; BEDFORD, TX; ORLANDO, FL; CANTON,	
OH; GAFFNEY, SC; WACO, TX; INDIANAPOLIS, IN; NEWARK, DE; PLEASANT HILL,	
CA; SAINT LOUIS, MO; PEARCY, AR; POWDER SPRINGS, GA; SAINT GEORGE, UT;	
SAN ANTONIO, TX; VALLEY GLEN, CA.	
PARTICIPANTS SERVED: 122,399 STUDENTS FROM 676 SCHOOLS. TOTAL PROGRAM	
ATTENDANCE: 406,811	
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: 3,374 STUDENTS AND 102 TEACHERS.	
TOTAL PROGRAM ATTENDANCE: 40,910	
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 15 AFFILIATE REGIONAL MUSIC FESTIVALS, PRESENTED BY LOCAL	
SCHOOLS & UNIVERSITIES WITH SUPPORT FROM MUSIC FOR ALL. FESTIVALS	
INCLUDE:	

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Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
MUSIC FOR ALL, INC.	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	
- SAN JOAQUIN VALLEY CONCERT BAND INVITATIONAL, CLOVIS NORTH HIGH	
SCHOOL, FRESNO, CA	
- PACIFIC COAST WIND BAND FESTIVAL, CALIFORNIA STATE UNIVERSITY, LONG	
	Schedule O (Form 990 or 990-EZ) (2018)

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³⁹ 2018.04000 MUSIC FOR ALL, INC. BOA12.T1

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
BEACH, CA	
UNIVERSITY OF KENTUCKY "WINDFEST" CONCERT BAND FESTIVAL, UNIVERSITY	
)F KENTUCKY, LEXINGTON, KY	
STUDENTS SERVED: 13,265	
COTAL ATTENDANCE: 22,953	
THER ADVOCACY PROGRAMS INCLUDE: PROFESSIONAL DEVELOPMENT PROGRAMS,	
ADVOCACY IN ACTION AWARDS PROGRAM PROVIDING RECOGNITION TO SUPPORT	
USIC IN OUR SCHOOLS, WORKING TO ENSURE MUSIC EDUCATION IS AVAILABLE TO	
EVERY CHILD, WITH EMPHASIS ON INCREASING ACCESS TO MUSIC EDUCATION FOR	
TUDENTS AND TEACHERS FROM UNDERAPPRECIATED COMMUNITIES, INCLUDING	
MALL, RURAL, AND URBAN SCHOOLS. MUSIC FOR ALL OFFERS THESE PROGRAMS	
NDEPENDENTLY AND ALSO COLLABORATES WITH A NUMBER OF OTHER PROGRAMS TO	
EXTEND THE REACH OF ITS ADVOCACY PROGRAMMING.	
EXPENSES \$ 142,579. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45,000.	
USIC FOR ALL NEWSLETTER A SERIES OF NEWSLETTERS CONTAINING	
DUCATIONAL ARTICLES, NEWS, AND INFORMATION ABOUT MUSIC FOR ALL	
PROGRAMS.	
COTAL CIRCULATION: 80,000.	
EXPENSES \$ 24,863. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,958.	
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	
YORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND	
COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO DISCUSS THE RETURN. THE	

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^{2018.04000} MUSIC FOR ALL, INC.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2
MUSIC FOR ALL, INC.	36-3413042
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:	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF	
THE CEO. THIS PROCESS INCLUDES AT LEAST AN ANNUAL REVIEW AND APPROVAL BY	
INDEPENDENT BOARD MEMBERS, INCLUDING REVIEW OF COMPARABILITY DATA. THE CEO	
IS RESPONSIBLE FOR DETERMINING SALARY OF OTHER KEY EMPLOYEES, BASED ON	
PERFORMANCE AND REVIEW OF COMPENSATION SURVEY DATA FOR COMPARABLE	
POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
MUSIC FOR ALL, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ORGANIZATION'S	
WEBSITE.	
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	
832212 10-10-18 Sche 41	dule O (Form 990 or 990-EZ) (2018)

2018.04000 MUSIC FOR ALL, INC.

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chedule O (Form 990 or 990-EZ) (2018) lame of the organization		Page Employer identification number
MUSIC FOR ALL, INC.		36-3413042
NANCIAL MATTERS OF MFA, INCLUDING THE AUDIT	. IN ADDITION, THE ENTIRE	
ARD REMAINS ENGAGED IN THE REVIEW OF MFA FI	NANCES, INCLUDING THE	
DIT.		
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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

MUSIC FOR ALL, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MUSIC FOR ALL FOUNDATION - 36-3991517	DISTRIBUTE GRANTS AND						
39 W. JACKSON PLACE	SCHOLARSHIPS TO FURTHER			170B(1)(A)(VI			
INDIANAPOLIS, IN 46202	MUSIC EDUCATION	INDIANA	501(C)3)	N/A		х
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

36-3413042

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Legal Direct controlling Share of total Share of Code V-UBI General or Percentage Primary activity Disproportionate domicile end-of-year assets managing amount in box entity income ownership (state or allocations? partner? 20 of Schedule foreign K-1 (Form 1065) Yes No Yes No country)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) b)(13) rolled tity? No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)		X	
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)		X	Ŧ
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)			
Conter transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MUSIC FOR ALL FOUNDATION, INC.	с	8,450.	GRANT FOR SUMMER SYMPOSIUM CAMP
(2) MUSIC FOR ALL FOUNDATION, INC.	E	28,378.	ACCOUNT PAYABLE
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2018 MUSIC FOR ALL, INC.

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes I	ю
											\square	

Schedule R (Form 990) 2018

Part VII Supplemental Information.

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

Schedule R (Form 990) 2018

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