

# \*\* 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 Inspection

Department of the Treasury Internal Revenue Service

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

| A I                     | For the             | 2022 calendar year, or tax year beginning MA                       | AR 1, 2022 and                            | ending F      | EB 28, 2023                |                    |                             |
|-------------------------|---------------------|--|---|---------------|----------------------------|--------------------|-----------------------------|
| В                       | Check if applicable | C Name of organization   |   |               | D Employer i               | identific          | eation number               |
| Г                       | Addres              | MUSIC FOR ALL, INC.  |   |               |                            |                    |                             |
| Ē                       | Name<br>change      |  |   |               | 36-34:                     | 13042              |                             |
|                         | Initial return      | Number and street (or P.O. box if mail is not del                  | livered to street address)                | Room/suite    | E Telephone                | number             |                             |
|                         | Final<br>return/    | 39 WEST JACKSON PLACE  | ,   | 150           | 317-636                    |                    |                             |
|                         | termin-<br>ated     | City or town, state or province, country, and                      | ZIP or foreign postal code                | •             | <b>G</b> Gross receipts    | \$                 | 10,365,131.                 |
|                         | Ameno               |  | • .                                       |               | H(a) Is this a g           | group re           | turn                        |
|                         | Application         | F Name and address of principal officer: JEREN                     | MY EARNHART                               |               | for subor                  | dinates?           | ? Yes X No                  |
|                         | pendin              | SAME AS C ABOVE  |   |               | H(b) Are all subor         |                    |                             |
| Ι.                      | Tax-exe             | mpt status: X 501(c)(3) 501(c) ( )                                 | (insert no.) 4947(a)(1)                   | or 527        | If "No," a                 | ttach a l          | list. See instructions      |
| J                       | Websit              | e: WWW.MUSICFORALL.ORG   |   |               | H(c) Group ex              | emption            | n number                    |
| Κ                       | orm of              | organization: X Corporation Trust As                               | sociation Other                           | <b>L</b> Year | of formation: 19           | 85 <b>M</b>        | State of legal domicile: IN |
| Pa                      | art I               | Summary  |   |               |                            |                    |                             |
| a)                      | 1                   | Briefly describe the organization's mission or most                | significant activities: THE MI            | SSION OF      | MUSIC FOR A                | LL IS              |                             |
| Š                       | '                   | CO CREATE, PROVIDE AND EXPAND POSITIVE                             | ELY (CONT'D ON SCH O)                     |               |                            |                    |                             |
| rna                     | 2                   | Check this box if the organization discor                          | ntinued its operations or dispos          | sed of more   | than 25% of its            | net ass            | ets.                        |
| ove                     | 3                   | Number of voting members of the governing body                     | (Part VI, line 1a)                        |               |                            | . 3                | 22                          |
| Ğ                       | 4                   | Number of independent voting members of the gov                    | verning body (Part VI, line 1b)           |               |                            | . 4                | 22                          |
| es &                    | 5                   | Total number of individuals employed in calendar y                 | ear 2022 (Part V, line 2a)                |               |                            | . 5                | 44                          |
| Ϋ́                      | 6                   | Total number of volunteers (estimate if necessary)                 |   |               |                            | . 6                | 2752                        |
| Activities & Governance | 7 a                 | Total unrelated business revenue from Part VIII, co                | lumn (C), line 12                         |               |                            | . 7a               | 0.                          |
| _                       | b                   | Net unrelated business taxable income from Form                    | 990-T, Part I, line 11                    |               |                            | . 7b               | 0.                          |
|                         |                     |  |   |               | Prior Year                 |                    | Current Year                |
| <u>o</u>                | 8                   | Contributions and grants (Part VIII, line 1h)                      |   | 5,958         |                            | 1,487,553.         |                             |
| enn                     | 9                   |  |   |               | 7,743                      |                    | 7,811,763.                  |
| Revenue                 | 10                  | nvestment income (Part VIII, column (A), lines 3, 4,               |   |               |                            | 744.               | 156,293.                    |
| _                       | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,             | , 9c, 10c, and 11e)                       |               |                            | ,354.              | 829,817.                    |
|                         |                     | Total revenue - add lines 8 through 11 (must equal                 |   |               | 14,338                     |                    | 10,285,426.                 |
|                         |                     | Grants and similar amounts paid (Part IX, column (                 |   |               |                            | 0.                 | 0.                          |
|                         | 1                   | Benefits paid to or for members (Part IX, column (A                |   |               |                            | 0.                 | 0.                          |
| es                      | 15                  | Salaries, other compensation, employee benefits (F                 |   |               | 2,312                      |                    | 3,148,424.                  |
| Expenses                | 16a                 | Professional fundraising fees (Part IX, column (A), li             |   |               | 0.                         | 0.                 |                             |
| Ž                       | . b                 | Total fundraising expenses (Part IX, column (D), line              |   | 309.          | F 150                      | 0.41               | 4 050 450                   |
| ш                       | ''                  | Other expenses (Part IX, column (A), lines 11a-11d,                |   |               | 5,150                      |                    | 4,952,459.                  |
|                         |                     | Total expenses. Add lines 13-17 (must equal Part I)                |   |               | 7,463                      |                    | 8,100,883.                  |
| _ 0                     | 19                  | Revenue less expenses. Subtract line 18 from line                  | 12  |               | 6,875<br>ginning of Curren |                    | 2,184,543.<br>End of Year   |
| IS OI                   |                     |  |   |               | <del></del>                |                    |                             |
| SSE                     | 20                  | F  |   |               | 9,801                      |                    | 12,566,665.                 |
| Net Assets or           | 21                  |  | line 00                                   |               | 2,307<br>7,494             | _                  | 2,818,041.<br>9,748,624.    |
| P                       | art II              | Net assets or fund balances. Subtract line 21 from Signature Block | IIIIe 20                                  |               | 7,454                      | , , , , , ,        | 3,740,024.                  |
|                         |                     | ties of perjury, I declare that I have examined this return,       | including accompanying schedule           | s and stateme | ents, and to the he        | est of my          | knowledge and helief it is  |
|                         |                     | and complete. Declaration of preparer (other than office           |   |               |                            | -                  | Milowidago ana bonon, icio  |
|                         | ,                   | , and completel Becaration of proparor (cities than office         | .,, 10 24004 011 411 11101111411011 01 11 | o p. opa. o.  |                            | ,                  |                             |
| Sig                     | n                   | Signature of officer   |   |               | Date                       |                    |                             |
| Hei                     |                     | JEREMY EARNHART, PRESIDENT AND CEO                                 |   |               |                            |                    |                             |
|                         | Ĭ                   | Type or print name and title                                       |   |               |                            |                    |                             |
|                         |                     | Print/Type preparer's name   | Preparer's signature                      | [             | Date                       | Check              | PTIN                        |
| Paid                    | d                   | JOHN W. KELLER, CPA  | , <del></del>                             | 1:            | 2/14/23                    | if<br>self-employe | P01329619                   |
|                         | parer               | Firm's name GREENWALT CPAS, INC.                                   |   |               | Firm's                     |                    | 35-1489521                  |
|                         | Only                | Firm's address 5342 WEST VERMONT STREET                            |   |               |                            |                    |                             |
|                         |                     | INDIANAPOLIS, IN 46224   |   |               | Phone                      | no.317-            | -241-2999                   |
| Ma                      | v the IF            | S discuss this return with the preparer shown about                | ve? See instructions                      |               |                            |                    | X Yes No                    |

| Par | 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.   |                          |                        |
|     |   |                          |                        |
|     | THE VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY  |                          |                        |
| 2   | Did the organization undertake any significant program services during the year which were not listed or              | n the                    |                        |
|     | prior Form 990 or 990-EZ?   |                          | Yes X No               |
|     | If "Yes," describe these new services on Schedule O.  |                          |                        |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program se                 | rvices?                  | Yes X No               |
|     | If "Yes," describe these changes on Schedule O.   |                          |                        |
| 4   | Describe the organization's program service accomplishments for each of its three largest program serv                | ices, as measured by e   | kpenses.               |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations             | to others, the total exp | enses, and             |
|     | revenue, if any, for each program service reported.   |                          |                        |
| 4a  | (Code:) (Expenses \$5,504,472. including grants of \$   | ) (Revenue \$            | 4,795,241.             |
|     | FALL FESTIVAL SEASON MUSIC FOR ALL'S BANDS OF AMERICA (BOA) MARCHING  |                          |                        |
|     | BAND CHAMPIONSHIPS ARE THE PREMIER EVENTS FOR MARCHING BAND IN THE  |                          |                        |
|     | NATION. BOA'S MARCHING BAND SHOWS OFFER POSITIVELY LIFE-CHANGING  |                          |                        |
|     | EXPERIENCES FOR THE STUDENTS, TEACHERS, AND PARENTS OF BANDS WHO  |                          |                        |
|     | PARTICIPATE, AS WELL AS FANS AND SPECTATORS.  |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
| 41: | 768 201   | \ /- ·                   | 2 084 863 \            |
| 4b  | (Code:) (Expenses \$ 768,201. including grants of \$  GRAND NATIONALS MUSIC FOR ALL'S BANDS OF AMERICA GRAND NATIONAL | ) (Revenue \$            | 2,004,003.             |
|     | CHAMPIONSHIPS IS AMERICA'S PREMIERE NATIONAL MARCHING BAND EVENT. FIRST   |                          |                        |
|     | AND FOREMOST, GRAND NATIONALS IS AN EDUCATIONAL PERFORMANCE   |                          |                        |
|     | OPPORTUNITY. GRAND NATIONALS IS ALSO A SPECTACULAR MUSIC AND PAGEANTRY  |                          |                        |
|     | EVENT, ONE THAT BAND FANS FROM ACROSS THE NATION AND AROUND THE WORLD   |                          |                        |
|     | TRAVEL TO FOR EXCITING AND CREATIVE PERFORMANCES.   |                          |                        |
|     | IMIVED TO TOK EACHTING IMP CREMITYE LERICOREMICED.  |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
| 4c  | (Code:) (Expenses \$ 790 , 354 . including grants of \$   | ) (Revenue \$            | 906,623.)              |
| -10 | SUMMER SYMPOSIUM ONLY AT THE MUSIC FOR ALL SUMMER SYMPOSIUM WILL YOU  | ) (Nevenue \$            |                        |
|     | EXPERIENCE THE MOST-INTENSIVE, NON-STOP, MAKE-YOU-BETTER APPROACH TO  |                          |                        |
|     | MUSICIANSHIP, PERFORMANCE EXCELLENCE, AND STUDENT LEADERSHIP  |                          |                        |
|     | DEVELOPMENT. IT'S THE LEADING SUMMER CAMP FOR MIDDLE AND HIGH SCHOOL  |                          |                        |
|     | BAND STUDENTS AND BAND DIRECTORS, BROUGHT TO YOU BY MUSIC FOR ALL.  |                          |                        |
|     | ·   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
|     |   |                          |                        |
| 4d  | Other program services (Describe on Schedule O.)  |                          |                        |
| _   | (Expenses \$ 11,227. including grants of \$ ) (Revenue \$   | 25,036                   | )                      |
| 4e  | Total program service expenses 7,074,254.   |                          |                        |
|     |   |                          | Form <b>990</b> (2022) |

36-3413042

# Form 990 (2022) MUSIC FOR ALL, INC. Part IV Checklist of Required Schedules

|         |   |     | Yes | No       |
|---------|---|-----|-----|----------|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |          |
|         | If "Yes," complete Schedule A   | 1   | Х   |          |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х   |          |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |          |
|         | public office? If "Yes," complete Schedule C, Part I  | 3   |     | Х        |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |          |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | Х        |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     |          |
|         | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | Х        |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     |          |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | Х        |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |          |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | Х        |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     |          |
|         | Schedule D, Part III  | 8   |     | Х        |
| 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   |     | Х        |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |     |     |          |
|         | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     | Х        |
| 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   |     |     | l        |
|         | 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 |     | Х        |
| 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   | v        |
| 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 |     | Х        |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     |          |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  | 44. |     | x        |
| 45      | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b |     |          |
| 15      |   | 45  |     | x        |
| 40      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     |          |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 40  |     | x        |
| 47      | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     |          |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 47  |     | x        |
| 10      | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  |     | <u> </u> |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 40  |     | x        |
| 40      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     |          |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 4.0 |     | x        |
| 00-     | complete Schedule G, Part III   | 19  |     | X        |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     |          |
| b<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     | $\vdash$ |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |     | x        |
|         | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II   | 21  | l   | A        |

232003 12-13-22

Form **990** (2022)

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| Part IV Checklist of Required Schedules (continue | <u> </u> |
|---|----------|
|---|----------|

|      | · /   |     | 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  |     | Х  |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |     |     |    |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     |    |
|      | Schedule J  | 23  | Х   |    |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |     |     |    |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  | 04- |     | х  |
| L    | Schedule K. If "No," go to line 25a   | 24a |     |    |
|      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24b |     |    |
| ·    | 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 |     |    |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |     |     |    |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | Х  |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |     |     |    |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |     |     |    |
|      | Schedule L, Part I  | 25b |     | X  |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |     |     |    |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |     |     |    |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | X  |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |     |     |    |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   | o=  |     | х  |
| 00   | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     |    |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |     |     |    |
| •    | instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If                         |     |     |    |
| а    | "Yes," complete Schedule L, Part IV   | 28a |     | Х  |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | Х  |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>   |     |     |    |
|      | "Yes," complete Schedule L, Part IV   | 28c |     | Х  |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  | Х   |    |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |     |     |    |
|      | contributions? If "Yes," complete Schedule M  | 30  |     | X  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | X  |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |     |     |    |
|      | Schedule N, Part II   | 32  |     | X  |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |     |     | v  |
| 04   | 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   | 34  | х   |    |
| 35 = | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | X   |    |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | JJa |     |    |
| -    | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     | х  |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |     |    |
|      | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | Х  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |    |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | Х  |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  |     |     |    |
| Do   | Note: All Form 990 filers are required to complete Schedule O   | 38  | X   |    |
| Par  |   |     |     |    |
|      | Check if Schedule O contains a response or note to any line in this Part V  |     |     | Na |
| 10   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     | Yes | No |
|      | Enter the number reported in box 3 or Form 1030. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0   |     |     |    |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |     |     |    |
| -    | (gambling) winnings to prize winners?   | 1c  | х   |    |

| Form 990 ( |  |               | 36-3413042 | Р |
|------------|--|---------------|------------|---|
| Part V     | Statements Regarding Other IRS Filings and Tax Complianc | e (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 44  |     |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Х   |    |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |     |     |    |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a  |     | Х  |
| b   | If "Yes," enter the name of the foreign country  |     |     |    |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | Х  |
| _   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с  |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |     |     | v  |
|     | any contributions that were not tax deductible as charitable contributions?  | 6a  |     | X  |
| р   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | OI: |     |    |
| -   | were not tax deductible?   | 6b  |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  | 7-  |     | Х  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |     | Λ  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7b  |     |    |
| С   | to file Form 8282?   | 7c  |     | х  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | 70  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | Х  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | Х  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  | N/A |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  | N/A |    |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |     |     |    |
|     | 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? N/A   | 9a  |     |    |
| 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:  |     |     |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a   |     |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |    |
| 11  | Section 501(c)(12) organizations. Enter:   |     |     |    |
| а   | Gross income from members or shareholders 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.)  |     |     |    |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |    |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |     |    |
| 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  | 120 |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.                            | 13a |     |    |
| 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   |     |     |    |
| С   | Enter the amount of reserves on hand   |     |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | Х  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |     |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |     |     |    |
|     | excess parachute payment(s) during the year?   | 15  |     | х  |
|     | If "Yes," see the 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  |     | х  |
|     | If "Yes," complete Form 4720, Schedule O.  |     |     |    |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |     |     |    |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A   | 17  |     |    |
|     | If "Yes," complete Form 6069.  |     |     |    |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

|     | to mile ea, ea, or rob solom, december the cheanistances, proceeded, or changes on consequence.                                     |        |         |     |
|-----|---|--------|---------|-----|
|     | Check if Schedule O contains a response or note to any line in this Part VI   |        |         | Х   |
| Sec | tion A. Governing Body and Management   |        |         | Г   |
|     |   |        | Yes     | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |        |         |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |        |         |     |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |        |         |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent  |        |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |        |         |     |
|     | officer, director, trustee, or key employee?  | 2      |         | Х   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |        |         |     |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3      |         | X   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4      |         | Х   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5      |         | Х   |
| 6   | Did the organization have members or stockholders?  | 6      |         | Х   |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |        |         |     |
|     | more members of the governing body?   | 7a     |         | Х   |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |        |         |     |
|     | persons other than the governing body?  | 7b     |         | Х   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        |         |     |
| а   | The governing body?   | 8a     | Х       |     |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b     | Х       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |        |         |     |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9      |         | Х   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |        |         |     |
|     |   |        | Yes     | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a    |         | Х   |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |        |         |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b    |         |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a    | Х       |     |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |        |         |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 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                  |        |         |     |
|     | on 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 on Schedule O. See instructions.  |        |         |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |        |         |     |
|     | taxable entity during the year?   | 16a    |         | Х   |
| 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 filedIN, IL  |        |         |     |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s    | only)  | availal | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |        |         |     |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)  |        |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | financ | cial    |     |
|     | statements available to the public during the tax year.   |        |         |     |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |        |         |     |
|     | DAVID ELLIS - 317-636-2263  |        |         |     |
|     | 39 WEST JACKSON PLACE ST. #150, INDIANAPOLIS, IN 46225  |        |         |     |

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A)<br>Name and title      | (B) Average hours per week   | box                            | not c                 | ss per  | ition<br>more<br>rson i | than o                       | n an   | (D) Reportable compensation from                    | (E) Reportable compensation from related      | (F) Estimated amount of other  |
|----------------------------|--|--------------------------------|-----------------------|---------|-------------------------|------------------------------|--------|---|---|--|
|                            | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee            | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) JEREMY L. ERNHART      | 40.00  |                                |                       |         |                         |                              |        |   |   |  |
| PRESIDENT AND CEO          |  |                                |                       | Х       |                         |                              |        | 238,539.  | 0.  | 20,291.  |
| (2) ROBIN L. CLENDENING    | 40.00  |                                |                       |         |                         |                              |        |   |   |  |
| CFO                        |  |                                |                       | Х       |                         |                              |        | 161,482.  | 0.  | 2,228.   |
| (3) DEBBIE LAFERTY ASBILL  | 40.00  |                                |                       |         |                         |                              |        |   |   |  |
| EXEC VP, MRKT & COMMUICATI |  |                                |                       | Х       |                         |                              |        | 143,184.  | 0.  | 18,337.  |
| (4) CORNELIUS J. LARRIVEE  | 40.00  |                                |                       |         |                         |                              |        |   |   |  |
| VP OF MISSION ADVANCEMENT  |  |                                |                       | Х       |                         |                              |        | 119,633.  | 0.  | 4,161.   |
| (5) GAYL DOSTER            | 7.00   |                                |                       |         |                         |                              |        |   |   |  |
| IMMEDIATE PAST CHAIRMAN    |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (6) DOUG PILERI            | 4.00   |                                |                       |         |                         |                              |        |   |   |  |
| CHAIRMAN                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (7) DAVID SIMONS           | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (8) SAMUEL HODSON          | 2.50   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (9) ANMOL MEHRA            | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (10) ANDELIZ CASTILLO      | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (11) GARRETT SCHARTON      | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (12) GARTH GILMAN          | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (13) RICHARD FLOYD         | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (14) STEPHEN MARSHALL      | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (15) HERMAN KNOLL          | 1.00   | ]                              |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (16) ANTHONY TANG          | 1.00   |                                |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |
| (17) BARRY MORGAN          | 1.00   | ]                              |                       |         |                         |                              |        |   |   |  |
| DIRECTOR                   |  | Х                              |                       |         |                         |                              |        | 0.  | 0.  | 0.   |

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| Form 990 (2022) MUSIC FOR AI  | L, INC.  |                      |                    |        |                          |        |            |   | 36-341304   | 2 Page <b>8</b>  |
|---|--|----------------------|--------------------|--------|--------------------------|--------|------------|---|---|--|
| Part VII   Section A. Officers, Directors, Trus                                 | stees, Key Emp   | oloy                 | ees,               | anc    | l Hiç                    | ghes   | t Co       | ompensated Employee   | s (continued)   |  |
| (A)   | (B)  |                      |                    |        | <b>C</b> )               |        |            | (D)   | (E)   | (F)  |
| Name and title  | Average hours per week (list any hours for related organizations below line) | tee or director gigy | not cl<br>, cer an | ss per | more<br>rson i<br>irecto | than o | an<br>tee) | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | Estimated amount of other compensation from the organization and related organizations |
| (18) AYATAY SHABAZZ   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (19) MICHAEL BOGERS   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (20) RODNEY DORSEY  | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (21) ANNIE MARTINEZ   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (22) BOB MORRISON   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (23) JOHN M POLLARD   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (24) DAVID GOLDEN   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| VICE PRESIDENT  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (25) SAM LAURIN   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (26) RICHARD C. CRAIN   | 1.00   |                      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х                    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| 1b Subtotal   |  |                      |                    |        |                          |        |            | 662,838.  | 0.  | 45,017.  |
| c Total from continuation sheets to Part V                                      | II, Section A  |                      |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| d Total (add lines 1b and 1c)   |  |                      |                    |        |                          |        |            | 662,838.  | 0.  | 45,017.  |
| Total number of individuals (including but compensation from the organization.) | not limited to th  | ose                  | liste              | d ab   | ove                      | ) wh   | o re       | ceived more than \$100,   | 000 of reportable   | 4  |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on          |   |     |    |
|   | line 1a? If "Yes," complete Schedule J for such individual   | 3 |     | X  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization   |   |     |    |
|   | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual                        | 4 | Х   |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services |   |     |    |
|   | rendered to the organization? If "Yes." complete Schedule J for such person  | 5 |     | X  |

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address NONE   | (B) Description of services     | (C)<br>Compensation |
|--|---------------------------------|---------------------|
|  |                                 |                     |
|  |                                 |                     |
|  |                                 |                     |
|  |                                 |                     |
|  |                                 |                     |
| Total number of independent contractors (including but not limited to those listed | d above) who received more than |                     |

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|  |      |         |  |            |           | LL, INC    | •                  |                   |  | 36-341304                            | Page 9  |
|--|------|---------|--|------------|-----------|------------|--------------------|-------------------|--|--------------------------------------|---|
| Pa   | rt V | /       | Statement of Re  | ve         | nue       |            |                    |                   |  |                                      |   |
|  |      |         | Check if Schedule O                                      | con        | tains a   | response   | or note to any lin |                   |  |                                      |   |
|  |      |         |  |            |           |            |                    | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | ( <b>D</b> ) Revenue excluded from tax under sections 512 - 514 |
| ठ छ  | 1    | а       | Federated campaigns                                      |            |           | 1a         |                    |                   |  |                                      |   |
| ani  |      |         |  |            |           | 1b         |                    |                   |  |                                      |   |
| عَ جَ  |      |         | Fundraising events                                       |            |           | 1c         |                    |                   |  |                                      |   |
| Contributions, Gifts, Grants and Other Similar Amounts |      |         | Related organizations                                    |            |           | 1d         |                    |                   |  |                                      |   |
| 2,E  |      |         | Government grants (contr                                 |            |           | 1e         | 1,306,964.         |                   |  |                                      |   |
| Sis  |      |         | All other contributions, gifts,                          |            |           |            | , ,                |                   |  |                                      |   |
| e E  |      |         | similar amounts not included                             |            |           | 1f         | 180,589.           |                   |  |                                      |   |
| 걸  |      | a       | Noncash contributions included in                        |            |           | 1g \$      | 29,200.            |                   |  |                                      |   |
| S E  |      | _       | Total. Add lines 1a-1f                                   |            | , 14 11   |            | •                  | 1,487,553.        |  |                                      |   |
| <u> </u>   |      | <u></u> | Totali / laa iii laa ia ii .                             |            |           |            | Business Code      | , , -             |  |                                      |   |
| •  | ,    | а       | TICKET FEES  |            |           |            | 711190             | 5,136,499.        | 5,136,499.                             |                                      |   |
| Program Service<br>Revenue                             | _    | b       | EVENT FEES   |            |           |            | 711190             | 1,539,856.        | <del> </del>                           |                                      |   |
| Ser  |      |         | COMMISSIONS  |            |           |            | 711190             | 955,862.          | 955,862.                               |                                      |   |
| We'l   |      | 4       | HOUSING AND MEAL FE                                      | EES        |           |            | 711190             | 179,546.          | 333,002.                               |                                      | 179,546.  |
| gra<br>Re  |      | u       | HOODING MAD HERE IL                                      |            |           |            | 711130             | 175,540.          |  |                                      | 175,540.  |
| Š  |      | e       | All other pregram convice                                | <b>"</b>   |           |            |                    |                   |  |                                      |   |
| _  |      |         | All other program service                                |            |           |            |                    | 7,811,763.        |  |                                      |   |
|  | _    | _       | Total. Add lines 2a-2f                                   |            |           |            |                    | 7,011,703.        |  |                                      |   |
|  | 3    |         | Investment income (include                               |            |           |            |                    | 156 096           |  |                                      | 156 006   |
|  | ١.   |         | other similar amounts)                                   |            |           |            |                    | 156,096.          |  |                                      | 156,096.  |
|  | 4    |         | Income from investment of                                |            |           | -          | proceeds           |                   |  |                                      |   |
|  | 5    |         | Royalties  |            |           |            | (*) D              |                   |  |                                      |   |
|  |      |         |  |            | <u> </u>  | (i) Real   | (ii) Personal      |                   |  |                                      |   |
|  | 6    |         | Gross rents  | 6          |           |            |                    |                   |  |                                      |   |
|  |      |         | Less: rental expenses                                    | 61         |           |            |                    |                   |  |                                      |   |
|  |      | С       | Rental income or (loss)                                  | 6          | c         |            |                    |                   |  |                                      |   |
|  |      | d       | Net rental income or (loss                               | s) <u></u> |           |            |                    |                   |  |                                      |   |
|  | 7    | а       | Gross amount from sales of                               |            | (i) S     | Securities | ```                |                   |  |                                      |   |
|  |      |         | assets other than inventory                              | 78         | a         | 50,000     |                    |                   |  |                                      |   |
|  |      | b       | Less: cost or other basis                                |            |           |            |                    |                   |  |                                      |   |
| ne   |      |         | and sales expenses                                       | 71         | b         | 49,803     |                    |                   |  |                                      |   |
| evenue   |      | С       | Gain or (loss)   | 70         | c         | 197        |                    |                   |  |                                      |   |
| œ  |      | d       | Net gain or (loss)                                       |            |           | <u></u>    |                    | 197.              |  |                                      | 197.  |
| Other  | 8    | а       | Gross income from fundraisi                              | ng e       | events (  | not        |                    |                   |  |                                      |   |
| ₹  |      |         | including \$   |            |           | _ of       |                    |                   |  |                                      |   |
|  |      |         | contributions reported on                                | line       | e 1c). S  | See        |                    |                   |  |                                      |   |
|  |      |         | Part IV, line 18   |            | •         | 8          | a                  |                   |  |                                      |   |
|  |      | b       | Less: direct expenses                                    |            |           |            | b                  |                   |  |                                      |   |
|  |      |         | Net income or (loss) from                                |            |           |            |                    |                   |  |                                      |   |
|  |      |         | Gross income from gamin                                  |            |           |            |                    |                   |  |                                      |   |
|  |      |         | Part IV, line 19   |            |           |            | a                  |                   |  |                                      |   |
|  |      | b       | Less: direct expenses                                    |            |           |            | b                  |                   |  |                                      |   |
|  |      |         | Net income or (loss) from                                |            |           |            | -                  |                   |  |                                      |   |
|  |      |         | Gross sales of inventory,                                |            |           |            |                    |                   |  |                                      |   |
|  |      | _       | and allowances   |            |           |            | 29,625.            |                   |  |                                      |   |
|  |      | h       | Less: cost of goods sold                                 |            |           |            |                    |                   |  |                                      |   |
|  |      |         | Net income or (loss) from                                |            |           |            |                    | -277.             | -277.                                  |                                      |   |
|  |      | _       | THE INCOME OF (1033) HOME                                | Jak        | 55 JI III | oritory    | Business Code      |                   |  |                                      |   |
| ns   | 44   | 2       | SPONSORSHIP REVENUE                                      | 3          |           |            | 541800             | 817,840.          |  |                                      | 817,840.  |
| Miscellaneous<br>Revenue                               | ۱''  |         | MISCELLANEOUS REVEN                                      |            |           |            | 900099             | 12,254.           | <del> </del>                           |                                      | 527,510.  |
| ila<br>ven   |      |         |  |            |           |            | 200033             | 12,254.           | 12,231.                                |                                      |   |
| Sce  | 1    | C       | All other reverse  |            |           |            |                    |                   | 1                                      |                                      |   |
| Ξ̈́  |      |         | All other revenue  |            |           |            |                    | 830,094.          |  |                                      |   |
|  |      |         | Total. Add lines 11a-11d  Total revenue. See instruction |            |           |            |                    | 10,285,426.       |  | 0.                                   | 1,153,679.  |
|  | 17   |         | TOTAL LEVELINE 566 INSTRUCTO                             | 2111       |           |            |                    | 1 10.400.440.     | , , out t , 1 2 t .                    |                                      |   |

Form **990** (2022)

36-3413042

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 497,886. trustees, and key employees ..... 672,022. 113,827 60,309. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,918,215. 1,421,160. 324,908. 172,147. 7 Pension plan accruals and contributions (include 11,497 section 401(k) and 403(b) employer contributions) 57,485 43,804. 2,184. 318,083 241,358, 62,796. 13,929. Other employee benefits 9 182,619. 130,088 34,143 18,388. 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)

66,045

156,098.

297,931

13,841.

41,068

22,645

87,545

1,020,707.

778,204

398,494.

298,862.

600,040

8,100,883

1,170,979.

Form 990 (2022)

if following SOP 98-2 (ASC 958-720)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings .....

Payments to affiliates

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

CONTRACTED SERVICES

CLINICIANS AND JUDGES F

PARTICIPANT HOUSING AND

FACILITY RENTAL

All other expenses

13531214 765919 BOA12.TAX

Check here

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

12

13

14

15

16

17 18

19 20

21

22

23

24

С

е

25

66,045

116,180.

227,424,

13,841.

24,927.

17,256

66,710

1,004,304.

778,204.

398,494.

298,862.

571,608

7,074,254

1,156,103

35,912.

58,917.

13,564

12,501.

4,529

17,509

12,218

23,999

726,320

4,006.

11,590.

2,577.

2,375.

860.

3,326.

4,185.

4,433.

300,309.

# Form 990 (2022) Part X | Balance Sheet

| Par                         | t X | Balance Sheet                                       |             |                       |                                 |         |                           |
|-----------------------------|-----|---|-------------|-----------------------|---------------------------------|---------|---------------------------|
|                             |     | Check if Schedule O contains a response or no       | ote to any  | / line in this Part X |                                 |         |                           |
|                             |     |   |             |                       | <b>(A)</b><br>Beginning of year |         | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                         | 9,082,912.  | 1                     | 6,303,847                       |         |                           |
|                             | 2   | Savings and temporary cash investments              |             |                       | 49,991.                         | 2       | 648,150                   |
|                             | 3   | Pledges and grants receivable, net                  |             |                       |                                 | 3       |                           |
|                             | 4   | Accounts receivable, net                            |             |                       | 258,965.                        | 4       | 180,644                   |
|                             | 5   | Loans and other receivables from any current        |             |                       |                                 |         |                           |
|                             |     | trustee, key employee, creator or founder, sub      | stantial c  | ontributor, or 35%    |                                 |         |                           |
|                             |     | controlled entity or family member of any of the    | ons         |                       | 5                               |         |                           |
|                             | 6   | Loans and other receivables from other disqua       | ılified per | sons (as defined      |                                 |         |                           |
|                             |     | under section 4958(f)(1)), and persons describe     | ed in sec   | tion 4958(c)(3)(B)    |                                 | 6       |                           |
| ış.                         | 7   | Notes and loans receivable, net                     |             |                       |                                 | 7       |                           |
| Assets                      | 8   | Inventories for sale or use                         |             |                       |                                 | 8       |                           |
| ۲                           | 9   | Prepaid expenses and deferred charges               |             |                       | 154,226.                        | 9       | 264,620                   |
|                             | 10a | Land, buildings, and equipment: cost or other       |             |                       |                                 |         |                           |
|                             |     | basis. Complete Part VI of Schedule D               | . 10a       | 1,220,946.            |                                 |         |                           |
|                             | b   | Less: accumulated depreciation                      | 10b         | 1,143,764.            | 98,049.                         | 10c     | 77,182                    |
|                             | 11  | Investments - publicly traded securities            |             |                       | 0.                              | 11      | 4,894,076                 |
|                             | 12  | Investments - other securities. See Part IV, line   | 11          |                       |                                 | 12      |                           |
|                             | 13  | Investments - program-related. See Part IV, line    | e 11        |                       |                                 | 13      |                           |
|                             | 14  | Intangible assets                                   |             |                       | 20,000.                         | 14      | 20,000                    |
|                             | 15  | Other assets. See Part IV, line 11                  |             |                       | 137,712.                        | 15      | 178,146                   |
|                             | 16  | Total assets. Add lines 1 through 15 (must eq       | 9,801,855.  | 16                    | 12,566,665                      |         |                           |
|                             | 17  | Accounts payable and accrued expenses               |             | 462,067.              | 17                              | 535,460 |                           |
|                             | 18  | Grants payable                                      |             | 18                    |                                 |         |                           |
|                             | 19  | Deferred revenue                                    | 1,818,591.  | 19                    | 2,211,370                       |         |                           |
|                             | 20  | Tax-exempt bond liabilities                         |             | 20                    |                                 |         |                           |
|                             | 21  | Escrow or custodial account liability. Complete     |             |                       |                                 | 21      |                           |
| es                          | 22  | Loans and other payables to any current or for      |             |                       |                                 |         |                           |
| ∄                           |     | trustee, key employee, creator or founder, sub      |             |                       |                                 |         |                           |
| Liabilities                 |     | controlled entity or family member of any of the    |             |                       |                                 | 22      |                           |
| -                           | 23  | Secured mortgages and notes payable to unre         |             |                       |                                 | 23      |                           |
|                             | 24  | Unsecured notes and loans payable to unrelat        |             |                       |                                 | 24      |                           |
|                             | 25  | Other liabilities (including federal income tax, p  |             |                       |                                 |         |                           |
|                             |     | parties, and other liabilities not included on line | es 17-24)   | . Complete Part X     | 06.410                          |         | T1 011                    |
|                             |     | of Schedule D                                       |             |                       | 26,410.                         |         | 71,211                    |
|                             | 26  |   |             | x X                   | 2,307,068.                      | 26      | 2,818,041                 |
| တ္                          |     | Organizations that follow FASB ASC 958, ch          | eck her     |                       |                                 |         |                           |
| JCe                         |     | and complete lines 27, 28, 32, and 33.              |             |                       | 7 261 172                       | 0=      | 0 602 657                 |
| ala                         | 27  | Net assets without donor restrictions               |             |                       | 7,361,172.                      | 27      | 9,603,657                 |
| B B                         | 28  | Net assets with donor restrictions                  |             |                       | 133,615.                        | 28      | 144,967                   |
| اق                          |     | Organizations that do not follow FASB ASC           | 958, cne    | ck here               |                                 |         |                           |
| ᆈ                           | 00  | and complete lines 29 through 33.                   | _           |                       |                                 | 00      |                           |
| Net Assets or Fund Balances | 29  | Capital stock or trust principal, or current fund   |             |                       |                                 | 29      |                           |
| SSE                         | 30  | Paid-in or capital surplus, or land, building, or   |             |                       |                                 | 30      |                           |
| et A                        | 31  | Retained earnings, endowment, accumulated           |             |                       | 7,494,787.                      | 31      | 9,748,624                 |
| ž                           | 32  | Total lightilities and not assets found belonges    |             |                       | 9,801,855.                      | 32      | 12,566,665                |
|                             | 33  | Total liabilities and net assets/fund balances      |             |                       | J,001,033.                      | 33      | Form <b>990</b> (202)     |

Form **990** (2022)

|    | Check if Schedule O contains a response or note to any line in this Part XI   |         |       |     |      |      |
|----|---|---------|-------|-----|------|------|
|    | ,   |         |       |     |      |      |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |       | 10, | 285, | 426. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |       | 8,  | 100, | 883. |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |       | 2,  | 184, | 543. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       |       | 7,  | 494, | 787. |
| 5  | Net unrealized gains (losses) on investments  | 5       |       |     | 69,  | 294. |
| 6  | Donated services and use of facilities  | 6       |       |     |      |      |
| 7  | Investment expenses   | 7       |       |     |      |      |
| 8  | Prior period adjustments  | 8       |       |     |      |      |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |       |     |      | 0.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |       |     |      |      |
|    | column (B))   | 10      |       | 9,  | 748, | 624. |
| 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 on Schedule        | Ο.      |       |     |      |      |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         |       | 2a  |      | Х    |
|    | 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    | audit,  |       |     |      |      |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         |       | 2c  | Х    |      |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule ( | D.    |     |      |      |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |       |     |      |      |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         | ····· | 3a  | Х    |      |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |         |       |     |      | 1    |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         |       | 3b  | X    |      |

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** MUSIC FOR ALL 36-3413042 TNC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or Х An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 MUSIC FOR ALL, INC. 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  | ction A. Public Support  |                       |                     |                        |                      |                     |                 |
|------|--|-----------------------|---------------------|------------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020               | (d) 2021             | (e) 2022            | (f) Total       |
| 1    | Gifts, grants, contributions, and  |                       |                     |                        |                      |                     |                 |
|      | membership fees received. (Do not  |                       |                     |                        |                      |                     |                 |
|      | include any "unusual grants.")   |                       |                     |                        |                      |                     |                 |
| 2    | Tax revenues levied for the organ-   |                       |                     |                        |                      |                     |                 |
|      | ization's benefit and either paid to   |                       |                     |                        |                      |                     |                 |
|      | or expended on its behalf  |                       |                     |                        |                      |                     |                 |
| 3    | The value of services or facilities  |                       |                     |                        |                      |                     |                 |
|      | furnished by a governmental unit to  |                       |                     |                        |                      |                     |                 |
|      | the organization without charge  |                       |                     |                        |                      |                     |                 |
| 4    | Total. Add lines 1 through 3   |                       |                     |                        |                      |                     |                 |
| 5    | The portion of total contributions   |                       |                     |                        |                      |                     |                 |
|      | by each person (other than a   |                       |                     |                        |                      |                     |                 |
|      | governmental unit or publicly  |                       |                     |                        |                      |                     |                 |
|      | supported organization) included   |                       |                     |                        |                      |                     |                 |
|      | on line 1 that exceeds 2% of the   |                       |                     |                        |                      |                     |                 |
|      | amount shown on line 11,   |                       |                     |                        |                      |                     |                 |
|      | column (f)   |                       |                     |                        |                      |                     |                 |
| 6    | Public support. Subtract line 5 from line 4.   |                       |                     |                        |                      |                     |                 |
| Sec  | ction B. Total Support   |                       |                     |                        |                      |                     |                 |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020               | (d) 2021             | (e) 2022            | (f) Total       |
| 7    | Amounts from line 4  |                       |                     |                        |                      |                     |                 |
| 8    | Gross income from interest,  |                       |                     |                        |                      |                     |                 |
|      | dividends, payments received on  |                       |                     |                        |                      |                     |                 |
|      | securities loans, rents, royalties,  |                       |                     |                        |                      |                     |                 |
|      | and income from similar sources  |                       |                     |                        |                      |                     |                 |
| 9    | Net income from unrelated business   |                       |                     |                        |                      |                     |                 |
|      | activities, whether or not the   |                       |                     |                        |                      |                     |                 |
|      | business is regularly carried on   |                       |                     |                        |                      |                     |                 |
| 10   | Other income. Do not include gain  |                       |                     |                        |                      |                     |                 |
|      | or loss from the sale of capital   |                       |                     |                        |                      |                     |                 |
|      | assets (Explain in Part VI.)   |                       |                     |                        |                      |                     |                 |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                     |                        |                      |                     |                 |
| 12   | Gross receipts from related activities,  | etc. (see instruction | ons)                |                        |                      | 12                  |                 |
| 13   | First 5 years. If the Form 990 is for the  | ne organization's fi  | rst, second, third, | fourth, or fifth tax y | year as a section 5  | 01(c)(3)            |                 |
| _    | organization, check this box and stor  |                       |                     |                        |                      |                     |                 |
|      | ction C. Computation of Publi  |                       |                     |                        |                      | Г                   |                 |
|      | Public support percentage for 2022 (I  |                       |                     | column (f))            |                      | 14                  | <u>%</u>        |
|      | Public support percentage from 2021  | •                     |                     |                        |                      | 15                  | %               |
| 16a  | 33 1/3% support test - 2022. If the o  | -                     |                     |                        | 14 is 33 1/3% or m   | ore, check this box | < and           |
|      | stop here. The organization qualifies  |                       | •                   |                        |                      |                     |                 |
| b    | 33 1/3% support test - 2021. If the contract the state of |                       |                     |                        |                      |                     |                 |
|      | and <b>stop here.</b> The organization qual  |                       |                     |                        |                      |                     |                 |
| 17a  | 10% -facts-and-circumstances test  |                       |                     |                        |                      |                     |                 |
|      | and if the organization meets the fact   |                       | •                   | •                      |                      | · ·                 |                 |
|      | meets the facts-and-circumstances te   | -                     |                     |                        | -                    | 7                   |                 |
| b    | 10% -facts-and-circumstances test  |                       |                     |                        |                      |                     | 10% or          |
|      | more, and if the organization meets the  |                       |                     |                        | -                    |                     |                 |
| 40   | organization meets the facts-and-circu   |                       | -                   | •                      | • • •                |                     | H               |
| 18   | Private foundation. If the organization  | in dia not check a    | box on line 13, 16a | a, 100, 17a, 0r 17b    | o, check this box ai |                     |                 |
|      |  |                       |                     |                        |                      | ochedule A          | (Form 990) 2022 |

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

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

| Sed        | ction A. Public Support  |                       |                      |                       |                     |                      |             |
|------------|--|-----------------------|----------------------|-----------------------|---------------------|----------------------|-------------|
| Cale       | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total   |
|            | Gifts, grants, contributions, and  |                       |                      |                       |                     |                      |             |
|            | membership fees received. (Do not  |                       |                      |                       |                     |                      |             |
|            | include any "unusual grants.")   | 384,479.              | 312,941.             | 1,156,503.            | 5,779,187.          | 1,487,553.           | 9,120,663.  |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 7,255,422.            | 7,706,865.           | 1,443,593.            | 8,097,429.          | 8,479,691.           | 32,983,000. |
| 3          | Gross receipts from activities that  |                       |                      |                       |                     |                      |             |
|            | are not an unrelated trade or bus-   |                       |                      |                       |                     |                      |             |
|            | iness under section 513  | 2,409,838.            | 2,144,114.           | 635,703.              | 340,238.            | 191,800.             | 5,721,693.  |
| 4          | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                       |                      |                       |                     |                      |             |
| 5          | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                      |                       |                     |                      |             |
| 6          | Total. Add lines 1 through 5   | 10,049,739.           | 10,163,920.          | 3,235,799.            | 14,216,854.         | 10,159,044.          | 47,825,356. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                       |                      |                       |                     |                      | 0.          |
| b          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                       |                      |                       |                     |                      | 0.          |
| c          | Add lines 7a and 7b  |                       |                      |                       |                     |                      | 0.          |
| 8          | Public support. (Subtract line 7c from line 6.)  |                       |                      |                       |                     |                      | 47,825,356. |
|            | ction B. Total Support   |                       |                      |                       |                     |                      |             |
|            | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018       | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total   |
|            | Amounts from line 6  | 10,049,739.           | 10,163,920.          | 3,235,799.            | 14,216,854.         | 10,159,044.          | 47,825,356. |
| 10a        | dross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 | 30,307.               | 29,729.              | 11,850.               | 744.                | 156,096.             | 228,726.    |
| b          | Unrelated business taxable income  |                       |                      |                       |                     |                      |             |
|            | (less section 511 taxes) from businesses   |                       |                      |                       |                     |                      |             |
|            | acquired after June 30, 1975   | 33,797.               | 29,810.              |                       |                     |                      | 63,607.     |
|            | Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                       | 64,104.               | 59,539.              | 11,850.               | 744.                | 156,096.             | 292,333.    |
| 12         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                       |                      |                       |                     |                      |             |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)   | 10,113,843.           | 10,223,459.          | 3,247,649.            | 14,217,598.         | 10,315,140.          | 48,117,689. |
| 14         | First 5 years. If the Form 990 is for the  | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 50 | 01(c)(3) organizatio | on,         |
|            | check this box and stop here   |                       |                      |                       |                     |                      |             |
|            | ction C. Computation of Publi  |                       |                      |                       |                     |                      |             |
|            | Public support percentage for 2022 (li   | , (,,                 | , ,                  | olumn (f))            |                     | 15                   | 99.39 %     |
| _          | Public support percentage from 2021  |                       |                      |                       |                     | 16                   | 99.62 %     |
|            | ction D. Computation of Inves  |                       |                      |                       |                     |                      | <u></u>     |
|            | Investment income percentage for 20  |                       |                      |                       |                     | 17                   | .61 %       |
|            | Investment income percentage from 2  |                       |                      |                       |                     | 18                   | .38 %       |
| 19a        | 33 1/3% support tests - 2022. If the   |                       |                      |                       |                     |                      |             |
| b          | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the  | organization did no   | ot check a box on    | line 14 or line 19a,  | , and line 16 is mo | re than 33 1/3%, a   | nd          |
|            | line 18 is not more than 33 1/3%, che  |                       |                      | •                     |                     | ŭ                    |             |
| 20         | Private foundation If the organization   | n aid not chack a b   | 00 v on line 1/1 100 | or 10h chock thi      | ic nav and can inci | ructions             | 1 1         |

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## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|      | Yes | No |
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|------------|--|----------------------|-----|--------------|
|            | rt IV Supporting Organizations (continued)   |                      |     |              |
|            |  |                      | 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 on lines 11b and   |                      |     |              |
|            | 11c below, the governing body of a supported organization?   | 11a                  |     |              |
| b          | A family member of a person described on line 11a above?   | 11b                  |     |              |
| С          | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |                      |     |              |
|            | detail in Part VI.   | 11c                  |     |              |
| Sec        | tion B. Type I Supporting Organizations  | •                    |     |              |
|            |  |                      | Yes | No           |
| 1          | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or   | ne or                |     |              |
|            | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off  | icers,               |     |              |
|            | 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 support and arranged the organization of the orga |                      |     |              |
|            | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | <i>trie</i> <b>1</b> |     |              |
| 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   |                      | 100 | 110          |
| •          | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |                      |     |              |
|            |  |                      |     |              |
|            | or management of the supporting organization was vested in the same persons that controlled or managed   | 1                    |     |              |
| Sec        | the supported organization(s). 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   |                      | 163 | NO           |
| •          | 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   | 1                    |     |              |
| 0          | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | •                    |     |              |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                      |     |              |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                      |     |              |
| •          | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2                    |     |              |
| 3          | By reason of the relationship described on line 2, above, did the organization's supported organizations have a  |                      |     |              |
|            | significant voice in the organization's investment policies and in directing the use of the organization's   |                      |     |              |
|            | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |                      |     |              |
| <u>Sac</u> | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations   | 3                    |     |              |
|            |  |                      |     |              |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the control | uctions).            |     |              |
| a          | The organization satisfied the Activities Test. Complete line 2 below.   |                      |     |              |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.  |                      |     |              |
| С          | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.   | ty (see instruction  |     | Γ            |
| 2          | Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,  |                      |     |              |
|            | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |                      |     |              |
|            | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |                      |     |              |
|            | these activities but for the organization's involvement.   | 2b                   |     |              |
| 3          | Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.  | 3a                   |     |              |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |                      |     |              |
|            | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  | 3b                   |     |              |

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| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting  | ıg Orgar       | nizations                      |                                |  |  |
|------|---|----------------|--------------------------------|--------------------------------|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. |                |                                |                                |  |  |
|      | All other Type III non-functionally integrated supporting organizations mus   |                | •                              |                                |  |  |
| Sect | ion A - Adjusted Net Income   | (A) Prior Year | (B) Current Year<br>(optional) |                                |  |  |
| 1    | Net short-term capital gain   | 1              |                                |                                |  |  |
| 2    | Recoveries of prior-year distributions  | 2              |                                |                                |  |  |
| _3_  | Other gross income (see instructions)   | 3              |                                |                                |  |  |
| _4   | Add lines 1 through 3.  | 4              |                                |                                |  |  |
| _5   | Depreciation and depletion  | 5              |                                |                                |  |  |
| 6    | Portion of operating expenses paid or incurred for production or  |                |                                |                                |  |  |
|      | collection of gross income or for management, conservation, or  |                |                                |                                |  |  |
|      | maintenance of property held for production of income (see instructions)  | 6              |                                |                                |  |  |
| _7   | Other expenses (see instructions)   | 7              |                                |                                |  |  |
| _8_  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |                                |  |  |
| Sect | ion B - Minimum Asset Amount  |                | (A) Prior Year                 | (B) Current Year<br>(optional) |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |                |                                |                                |  |  |
|      | instructions for short tax year or assets held for part of year):   |                |                                |                                |  |  |
| а    | Average monthly value of securities   | 1a             |                                |                                |  |  |
| b    | Average monthly cash balances   | 1b             |                                |                                |  |  |
| С    | Fair market value of other non-exempt-use assets  | 1c             |                                |                                |  |  |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d             |                                |                                |  |  |
| е    | Discount claimed for blockage or other factors  |                |                                |                                |  |  |
|      | (explain in detail in Part VI):   |                |                                |                                |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |                                |  |  |
| _3   | Subtract line 2 from line 1d.   | 3              |                                |                                |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |                |                                |                                |  |  |
|      | see instructions).  | 4              |                                |                                |  |  |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |                                |  |  |
| _6   | Multiply line 5 by 0.035.   | 6              |                                |                                |  |  |
| _7_  | Recoveries of prior-year distributions  | 7              |                                |                                |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8              |                                |                                |  |  |
| Sect | ion C - Distributable Amount  |                |                                | Current Year                   |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)   | 1              |                                |                                |  |  |
| 2    | Enter 0.85 of line 1.   | 2              |                                |                                |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3              |                                |                                |  |  |
| 4    | Enter greater of line 2 or line 3.  | 4              |                                |                                |  |  |
| 5    | Income tax imposed in prior year  | 5              |                                |                                |  |  |
| 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-functiona   | lly integrate  | ed Type III supporting orga    | nization (see                  |  |  |
|      | instructions).  |                |                                |                                |  |  |

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| Sche<br><b>Pa</b> i | dule A (Form 990) 2022 MUSIC FOR ALL, INC.  Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga        | nizations (continu            |    | 36-3413042               | Page 7 |  |  |  |
|---------------------|--|-------------------------------|-------------------------------|----|--------------------------|--------|--|--|--|
|                     | ction D - Distributions  Current Year  |                               |                               |    |                          |        |  |  |  |
| 1                   | Amounts paid to supported organizations to accomplish exe                            | mpt purposes                  |                               | 1  | <u> </u>                 |        |  |  |  |
| 2                   | Amounts paid to perform activity that directly furthers exemp                        | <u> </u>                      |                               |    |                          |        |  |  |  |
|                     | organizations, in excess of income from activity                                     |                               |                               | 2  |                          |        |  |  |  |
| 3                   | Administrative expenses paid to accomplish exempt purpose                            | es of supported organizations | 3                             | 3  |                          |        |  |  |  |
| 4                   | Amounts paid to acquire exempt-use assets  |                               |                               | 4  |                          |        |  |  |  |
| 5                   | Qualified set-aside amounts (prior IRS approval required - pro                       | ovide details in Part VI)     |                               | 5  |                          |        |  |  |  |
| 6                   | Other distributions (describe in Part VI). See instructions.                         |                               |                               | 6  |                          |        |  |  |  |
| 7                   | Total annual distributions. Add lines 1 through 6.                                   |                               |                               | 7  |                          |        |  |  |  |
| 8                   | Distributions to attentive supported organizations to which the                      | ne organization is responsive |                               |    |                          |        |  |  |  |
|                     | (provide details in Part VI). See instructions.                                      |                               |                               | 8  |                          |        |  |  |  |
| 9                   | Distributable amount for 2022 from Section C, line 6                                 |                               |                               | 9  |                          |        |  |  |  |
| 10                  | Line 8 amount divided by line 9 amount   |                               |                               | 10 |                          |        |  |  |  |
|                     |  | (i)                           | (ii)                          |    | (iii)                    |        |  |  |  |
| Secti               | ion E - Distribution Allocations (see instructions)                                  | Excess Distributions          | Underdistribution<br>Pre-2022 | ıs | Distributa<br>Amount for |        |  |  |  |
| _1_                 | Distributable amount for 2022 from Section C, line 6                                 |                               |                               |    |                          |        |  |  |  |
| 2                   | Underdistributions, if any, for years prior to 2022 (reason-                         |                               |                               |    |                          |        |  |  |  |
|                     | able cause required - explain in Part VI). See instructions.                         |                               |                               |    |                          |        |  |  |  |
| 3                   | Excess distributions carryover, if any, to 2022                                      |                               |                               |    |                          |        |  |  |  |
| a                   | From 2017  |                               |                               |    |                          |        |  |  |  |
| b                   | From 2018  |                               |                               |    |                          |        |  |  |  |
| С                   | From 2019  |                               |                               |    |                          |        |  |  |  |
| d                   | From 2020  |                               |                               |    |                          |        |  |  |  |
| е                   | From 2021  |                               |                               |    |                          |        |  |  |  |
| f                   | Total of lines 3a through 3e   |                               |                               |    |                          |        |  |  |  |
| g                   | Applied to underdistributions of prior years   |                               |                               |    |                          |        |  |  |  |
| h                   | Applied to 2022 distributable amount   |                               |                               |    |                          |        |  |  |  |
| i_                  | Carryover from 2017 not applied (see instructions)                                   |                               |                               |    |                          |        |  |  |  |
| j_                  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                               |                               |                               |    |                          |        |  |  |  |
| 4                   | Distributions for 2022 from Section D,   |                               |                               |    |                          |        |  |  |  |
|                     | line 7: \$   |                               |                               |    |                          |        |  |  |  |
| <u>a</u>            | Applied to underdistributions of prior years   |                               |                               |    |                          |        |  |  |  |
| b                   | Applied to 2022 distributable amount   |                               |                               |    |                          |        |  |  |  |
| c                   | Remainder. Subtract lines 4a and 4b from line 4.                                     |                               |                               |    |                          |        |  |  |  |
| 5                   | Remaining underdistributions for years prior to 2022, if                             |                               |                               |    |                          |        |  |  |  |
|                     | any. Subtract lines 3g and 4a from line 2. For result greater                        |                               |                               |    |                          |        |  |  |  |
|                     | than zero, explain in Part VI. See instructions.                                     |                               |                               |    |                          |        |  |  |  |
| 6                   | Remaining underdistributions for 2022. Subtract lines 3h                             |                               |                               |    |                          |        |  |  |  |
|                     | and 4b from line 1. For result greater than zero, explain in                         |                               |                               |    |                          |        |  |  |  |
|                     | Part VI. See instructions.   |                               |                               |    |                          |        |  |  |  |
| 7                   | Excess distributions carryover to 2023. Add lines 3j                                 |                               |                               |    |                          |        |  |  |  |
|                     | and 4c.  |                               |                               |    |                          |        |  |  |  |
| 8                   | Breakdown of line 7:   |                               |                               |    |                          |        |  |  |  |
| <u>a</u>            | Excess from 2018   |                               |                               |    |                          |        |  |  |  |
| <u>b</u>            | Excess from 2019   |                               |                               |    |                          |        |  |  |  |
| С                   | Excess from 2020   |                               |                               |    |                          |        |  |  |  |

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

MUSIC FOR ALL, INC.

Bemployer identification number

36-3413042

| Organiza   | ation type (check or  | ne):   |
|------------|---|--|
| Filers of: |   | Section:   |
| Form 990   | or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |
|            |   | 4947(a)(1) nonexempt charitable trust <b>not</b> 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   |
| Note: On   | lly a section 501(c)(   | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |
| General    | Rule  |  |
|            | -   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |
| Special I  | Rules   |  |
|            | sections 509(a)(1) a contributor, during                          | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.   |
|            | contributor, during<br>literary, or educatio                      | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.   |
|            | year, contributions<br>is checked, enter he<br>purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$ |
| answer "   | No" on Part IV, line  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).  |

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
|                      |                                |
| MUSIC FOR ALL, INC.  | 36-3413042                     |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed.      |   |
|------------|---|--------------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions        | (d)<br>Type of contribution   |
| 1          |   | \$\$,000.                      | Person X Payroll  |
| (a)        | (b)   | (c) Total contributions        | (d)   |
| No. 2      | Name, address, and ZIP + 4  | \$ 15,000.                     | Person X Payroll  |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c) Total contributions        | (d) Type of contribution  |
| 3          |   | \$\$                           | Person X Payroll  |
| (a)        | (b)   | (c)                            | (d)   |
| No. 4      | Name, address, and ZIP + 4  | Total contributions  \$ 5,000. | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) Total contributions        | (d) Type of contribution  |
| 5          | Humo, audi 655, and Zif T T   | \$\$                           | Person X Payroll  |
| (a)<br>No. | (b) Name, address, and ZIP + 4  | (c) Total contributions        | (d) Type of contribution  |
| 6          | Tulling dudicous, and Ell TT  | \$\$                           | Person Payroll Moncash X  (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022) Page **3** 

Name of organization Employer identification number

MUSIC FOR ALL, INC. 36-3413042

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |  |  |  |  |  |  |
|------------------------------|---|---|----------------------|--|--|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |  |  |
| 6                            | CLOTHING FOR FALL EVENTS AND SUMMER SYMPOSIUM   |   |                      |  |  |  |  |  |  |
|                              |   | \$\$                                      | 10/31/22             |  |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |  |  |
|                              |   |   |                      |  |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |  |  |
|                              |   |   |                      |  |  |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |  |  |
|                              |   |   |                      |  |  |  |  |  |  |
|                              |   |   |                      |  |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |  |  |
|                              |   |   |                      |  |  |  |  |  |  |
|                              |   | \ \$                                      |                      |  |  |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |  |  |
|                              |   |   |                      |  |  |  |  |  |  |
|                              | -   | <br>                                      |                      |  |  |  |  |  |  |

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** MUSIC FOR ALL, INC. 36-3413042 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** 

|            | MUSIC FOR ALL, INC.   |                                     |                      |                       | 3413042        |          |
|------------|---|-------------------------------------|----------------------|-----------------------|----------------|----------|
| Pai        | t I Organizations Maintaining Donor Advise                          | d Funds or Other Similar            | Funds or Ac          | counts. Co            | mplete if the  | )        |
|            | organization answered "Yes" on Form 990, Part IV, lin               | e 6.                                |                      |                       |                |          |
|            |   | (a) Donor advised funds             | i (I                 | <b>b)</b> Funds and o | other accoun   | ts       |
| 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 v      | writing that the assets held in do  | nor advised fund     |                       |                |          |
| J          | are the organization's property, subject to the organization's      |                                     |                      | _                     | Yes            | ☐ No     |
| 6          | Did the organization inform all grantees, donors, and donor a       |                                     |                      |                       | 163            | 140      |
| U          |   |                                     |                      |                       |                |          |
|            | for charitable purposes and not for the benefit of the donor of     | · ·                                 |                      | _                     | Yes            | ☐ No     |
| Pai        |   | ganization answered "Vee" on E      | orm 000 Part IV      | L                     | 1es            | NO       |
|            | ·   |                                     | onn 990, Fait IV,    | iiie 7.               |                |          |
| 1          | Purpose(s) of conservation easements held by the organization       | `                                   |                      |                       |                |          |
|            | Preservation of land for public use (for example, recrea            |                                     | ervation of a histo  |                       |                |          |
|            | Protection of natural habitat                                       | Prese                               | ervation of a certif | ied historic str      | ucture         |          |
| •          | Preservation of open space  |                                     |                      |                       |                |          |
| 2          | Complete lines 2a through 2d if the organization held a qualif      | led conservation contribution in    | the form of a cor    |                       |                |          |
|            | day of the tax year.  |                                     |                      |                       | the End of the | Tax Teal |
| а          |   |                                     |                      | 2a                    |                |          |
| b          |   |                                     |                      | 2b                    |                |          |
| С          | Number of conservation easements on a certified historic stru       |                                     |                      | 2c                    |                |          |
| d          | Number of conservation easements included in (c) acquired a         | • ' '                               |                      |                       |                |          |
|            |   |                                     |                      | 2d                    |                |          |
| 3          | Number of conservation easements modified, transferred, rele        | eased, extinguished, or terminat    | ed by the organiz    | zation during th      | ne tax         |          |
|            | year  |                                     |                      |                       |                |          |
| 4          | Number of states where property subject to conservation eas         | ement is located                    |                      |                       |                |          |
| 5          | Does the organization have a written policy regarding the per       | iodic monitoring, inspection, ha    | ndling of            | _                     |                |          |
|            | violations, and enforcement of the conservation easements it        | holds?                              |                      | L                     | Yes            | No       |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting,        | handling of violations, and enfor   | cing conservation    | n easements d         | uring the yea  | ar       |
|            |   |                                     |                      |                       |                |          |
| 7          | Amount of expenses incurred in monitoring, inspecting, hand         | ling of violations, and enforcing   | conservation eas     | ements during         | the year       |          |
|            |   |                                     |                      |                       |                |          |
| 8          | Does each conservation easement reported on line 2(d) above         | e satisfy the requirements of sec   | ction 170(h)(4)(B)(  | i) _                  | _              |          |
|            | and section 170(h)(4)(B)(ii)?                                       |                                     |                      | L                     | Yes            | No       |
| 9          | In Part XIII, describe how the organization reports conservation    | on easements in its revenue and     | expense stateme      | ent and               |                |          |
|            | balance sheet, and include, if applicable, the text of the footn    | ote to the organization's financi   | al statements tha    | t describes the       | 9              |          |
| <b>D</b> . | organization's accounting for conservation easements.               | A J. Il'ala da al T.                |                      |                       |                |          |
| Pai        | t III Organizations Maintaining Collections of                      | •                                   | s, or Other Si       | milar Asse            | ts.            |          |
|            | Complete if the organization answered "Yes" on Form                 |                                     |                      |                       |                |          |
| 1a         | If the organization elected, as permitted under FASB ASC 95         | 8, not to report in its revenue sta | atement and bala     | nce sheet wor         | ks             |          |
|            | of art, historical treasures, or other similar assets held for pub  | lic exhibition, education, or rese  | earch in furtheran   | ce of public          |                |          |
|            | service, provide in Part XIII the text of the footnote to its finar | cial statements that describes t    | hese items.          |                       |                |          |
| b          | If the organization elected, as permitted under FASB ASC 95         | 8, to report in its revenue staten  | nent and balance     | sheet works o         | f              |          |
|            | art, historical treasures, or other similar assets held for public  | exhibition, education, or resear    | ch in furtherance    | of public servi       | ce,            |          |
|            | 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 treat | asures, or other similar assets fo  | r financial gain, p  |                       |                |          |
|            | the following amounts required to be reported under FASB A          | SC 958 relating to these items:     |                      |                       |                |          |
| а          | Revenue included on Form 990, Part VIII, line 1                     |                                     |                      | \$                    |                |          |
| b          | Assets included in Form 990, Part X                                 |                                     |                      | \$                    |                |          |

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

Schedule D (Form 990) 2022

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |  |  |  |  |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|
| 1a Land  |                                      |                                 |                              |                |  |  |  |  |
| <b>b</b> Buildings   |                                      |                                 |                              |                |  |  |  |  |
| c Leasehold improvements   |                                      | 771,758.                        | 767,661.                     | 4,097.         |  |  |  |  |
| d Equipment  |                                      | 449,188.                        | 376,103.                     | 73,085.        |  |  |  |  |
| e Other  |                                      |                                 |                              |                |  |  |  |  |
| otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (R), line 10c.) |                                      |                                 |                              |                |  |  |  |  |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 MUSIC FOR ALL, IN  | C.                         |  | 36-3413042 Page          |
|---|----------------------------|--|--------------------------|
| Part VII Investments - Other Securities.  | 5 000 B 1 11 / 11          | 141 0 5 000 5 1 1 1 1 1 1 1 1            |                          |
| Complete if the organization answered "Yes" or (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or         | end-of-vear market value |
|   | (b) Book value             | (c) Welfied of Valuation. Cost of        | end-or-year market value |
| (1) Financial derivatives (2) Closely held equity interests   |                            |  |                          |
| (3) Other   |                            |  |                          |
| (A)   |                            |  |                          |
| (B)   |                            |  |                          |
| (C)   |                            |  |                          |
| (D)   |                            |  |                          |
| (E)   |                            |  |                          |
| (F)   |                            |  |                          |
| (G)   |                            |  |                          |
| (H)   |                            |  |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  |                            |  |                          |
| Part VIII Investments - Program Related.  |                            |  |                          |
| Complete if the organization answered "Yes" o   |                            |  |                          |
| (a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost or         | end-of-year market value |
| (1)   |                            | +  |                          |
| (2)   |                            | <u> </u>                                 |                          |
| (3)   |                            |  |                          |
| (4)   |                            |  |                          |
| (5)   |                            |  |                          |
|   |                            | +  |                          |
| (7)   |                            | 1  |                          |
| (8)<br>(9)  |                            |  |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |                            |  |                          |
| Part IX Other Assets.   |                            |  |                          |
| Complete if the organization answered "Yes" o   | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15.    |                          |
|   | Description                |  | (b) Book value           |
| (1)   | ·                          |  |                          |
| (2)   |                            |  |                          |
| (3)   |                            |  |                          |
| (4)   |                            |  |                          |
| (5)   |                            |  |                          |
| (6)   |                            |  |                          |
| (7)   |                            |  |                          |
| (8)   |                            |  |                          |
| (9)   |                            |  |                          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line   | 15.)                       |  |                          |
| Part X Other Liabilities.   |                            |  |                          |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line |                          |
| 1. (a) Description of liability   |                            |  | (b) Book value           |
| (1) Federal income taxes  |                            |  | 02.020                   |
| (2) DEFERRED TRUST LIABILITY  |                            |  | 23,032                   |
| (3) SHORT TERM OPERATING LEASE LIABILITY  |                            |  | 48,179                   |
| (4)   |                            |  |                          |
| (5)   |                            |  |                          |
|   |                            |  |                          |
|   |                            |  |                          |
|   |                            |  |                          |
| (9)<br>   |                            |  | F1 011                   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line   | 05 \                       |  | 71,211                   |

232053 09-01-22

Schedule D (Form 990) 2022

36-3413042

|  | Part IV, line 12a.             |               |              |             |
|--|--------------------------------|---------------|--------------|-------------|
| 1 Total revenue, gains, and other support per audited financial stater   | nents                          |               | 1            | 10,535,198. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                                |               |              |             |
| a Net unrealized gains (losses) on investments   | 2a                             | 69,294.       |              |             |
| <b>b</b> Donated services and use of facilities  |                                | 182,400.      |              |             |
| c Recoveries of prior year grants  |                                |               |              |             |
| d Other (Describe in Part XIII.)   |                                | -31,824.      |              |             |
| e Add lines 2a through 2d  |                                |               | 2e           | 219,870.    |
| 3 Subtract line 2e from line 1   |                                |               | 3            | 10,315,328. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                                |               |              |             |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                             |               |              |             |
| b Other (Describe in Part XIII.)   |                                | -29,902.      |              |             |
| c Add lines 4a and 4b  |                                |               | 4c           | -29,902.    |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part   | I. line 12.)                   |               | 5            | 10,285,426. |
| Part XII Reconciliation of Expenses per Audited Finar  | icial Statements With I        | xpenses per F | Return.      |             |
| Complete if the organization answered "Yes" on Form 990,   |                                |               | <del> </del> | 0 205 420   |
|  |                                |               | 1            | 8,327,139.  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1                            | 400 100       |              |             |
| a Donated services and use of facilities   |                                | 182,400.      | -            |             |
| <b>b</b> Prior year adjustments  | 2b                             |               | -            |             |
| c Other losses   |                                |               | -            |             |
| d Other (Describe in Part XIII.)   | 2d                             | 13,954.       |              |             |
| e Add lines 2a through 2d  |                                |               | 2e           | 196,354.    |
| 3 Subtract line 2e from line 1   |                                |               | 3            | 8,130,785.  |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1                            |               |              |             |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                             |               |              |             |
| <b>b</b> Other (Describe in Part XIII.)  | 4b                             | -29,902.      |              |             |
| c Add lines 4a and 4b  |                                |               | 4c           | -29,902.    |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa<br>Part XIII Supplemental Information.   | rt I, line 18.)                |               | 5            | 8,100,883.  |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to   | provide any additional informa | ition.        |              |             |
|  |                                |               |              |             |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:  |                                |               |              |             |
|  | -31,824.                       |               |              |             |
| REVENUE REPORTED AS EIN 36-3991517   |                                |               |              |             |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:  |                                |               |              |             |
| REVENUE REPORTED AS EIN 36-3991517  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  | -29,902.                       |               |              |             |
| REVENUE REPORTED AS EIN 36-3991517   | -29,902.                       |               |              |             |
| REVENUE REPORTED AS EIN 36-3991517  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  | -29,902.                       |               |              |             |
| REVENUE REPORTED AS EIN 36-3991517  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  PART XII, LINE 2D - OTHER ADJUSTMENTS:  | -29,902.<br>13,954.            |               |              |             |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  PART XII, LINE 2D - OTHER ADJUSTMENTS:  EXPENSES REPORTED AS EIN 36-3991517 | -29,902.<br>13,954.            |               |              |             |

| Schedule D (Form 990) 2022                             | MUSIC FOR ALL, INC. | 36-3413042 | Page 5 |
|--|---------------------|------------|--------|
| Schedule D (Form 990) 2022 Part XIII Supplemental Info | rmation (continued) |            |        |
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### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number MUSIC FOR ALL, INC. 36 - 3413042Part I Questions Regarding Compensation

|            |  |    | Yes | No |
|------------|--|----|-----|----|
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |    |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |    |
|            | First-class or charter travel  Housing allowance or residence for personal use   |    |     |    |
|            | Travel for companions Payments for business use of personal residence  |    |     |    |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |    |
|            | Discretionary spending account  Personal services (such as maid, chauffeur, chef)                                      |    |     |    |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |    |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |    |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |    |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |    |
|            |  |    |     |    |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |    |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |    |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |    |
|            | X Compensation committee Written employment contract   |    |     |    |
|            | Independent compensation consultant  X Compensation survey or study  |    |     |    |
|            | X       Form 990 of other organizations             X       Approval by the board or compensation committee            |    |     |    |
|            |  |    |     |    |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |    |
|            | organization or a related organization:  |    |     |    |
| а          | Receive a severance payment or change-of-control payment?  | 4a |     | х  |
| b          |  | 4b |     | Х  |
| С          | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | Х  |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |    |
|            |  |    |     |    |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |    |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|            | contingent on the revenues of:   |    |     |    |
| а          | The organization?  | 5a |     | Х  |
| b          | Any related organization?  | 5b |     | Х  |
|            | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |    |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|            | contingent on the net earnings of:   |    |     |    |
| а          | The organization?  | 6a |     | Х  |
| b          | Any related organization?  | 6b |     | Х  |
|            | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |    |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     |    |
|            | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | Х  |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     |    |
|            | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | Х  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |    |
|            | Regulations section 53.4958-6(c)?  | 9  |     | 1  |

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

Schedule J (Form 990) 2022

#### 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.

| (A) Name and Title         |      | (B) Breakdown of W       | /-2 and/or 1099-MIS0 compensation   | C and/or 1099-NEC                   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|----------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
|                            |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) JEREMY L. ERNHART      | (i)  | 214,134.                 | 24,405.                             | 0.                                  | 8,699.                            | 11,592.                 | 258,830.                           | 0.  |
| PRESIDENT AND CEO          | (ii) | 0.                       | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
| (2) ROBIN L. CLENDENING    | (i)  | 156,393.                 | 5,089.                              | 0.                                  | 2,228.                            | 0.                      | 163,710.                           | 0.  |
| CFO                        | (ii) | 0.                       | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
| (3) DEBBIE LAFERTY ASBILL  | (i)  | 127,299.                 | 15,885.                             | 0.                                  | 5,138.                            | 13,199.                 | 161,521.                           | 0.  |
| EXEC VP, MRKT & COMMUICATI | (ii) | 0.                       | 0.                                  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |                                     |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |                                     |                                   |                         |                                    |   |

Page 2

| 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. |  |
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#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MUSIC FOR ALL, INC.

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 36-3413042

| Pai | rt I Types of Property  |                               |  |  |            |   |         |        |      |
|-----|---|-------------------------------|--|--|------------|---|---------|--------|------|
|     |   | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contrib amounts reporte Form 990, Part VIII, | ed on      | (d)<br>Method of de<br>noncash contribu |         |        | s    |
| 1   | Art - Works of art  |                               | itomo contributou                                | Tomicoo, ruic viii,                                      | ,          |   |         |        |      |
| 2   | Art - Historical treasures  |                               |  |  |            |   |         |        |      |
| 3   | Art - Fractional interests  |                               |  |  |            |   |         |        |      |
| 4   | Books and publications  |                               |  |  |            |   |         |        |      |
| 5   | Clothing and household goods                                      | X                             |  | 2  | 9 200.     | RESALE VALUE                            |         |        |      |
| 6   | Cars and other vehicles   |                               |  |  | ,          |   |         |        |      |
| 7   | Boats and planes  |                               |  |  |            |   |         |        |      |
| 8   | Intellectual property   |                               |  |  |            |   |         |        |      |
| 9   | Securities - Publicly traded                                      |                               |  |  |            |   |         |        |      |
| 10  | Securities - Closely held stock                                   |                               |  |  |            |   |         |        |      |
| 11  | Securities - Olosely field stock                                  |                               |  |  |            |   |         |        |      |
| ••• |   |                               |  |  |            |   |         |        |      |
| 12  |   |                               |  |  |            |   |         |        |      |
| 13  | Securities - Miscellaneous  Qualified conservation contribution - |                               |  |  |            |   |         |        |      |
| 13  |   |                               |  |  |            |   |         |        |      |
| 14  | Qualified conservation contribution - Other                       |                               |  |  |            |   |         |        |      |
| 15  |   |                               |  |  |            |   |         |        |      |
| 16  | Real estate - Residential  Real estate - Commercial               |                               |  |  |            |   |         |        |      |
| 17  |   |                               |  |  |            |   |         |        |      |
|     | Real estate - Other   |                               |  |  |            |   |         |        |      |
| 18  | Collectibles  |                               |  |  |            |   |         |        |      |
| 19  | Food inventory  |                               |  |  |            |   |         |        |      |
| 20  | Drugs and medical supplies  |                               |  |  |            |   |         |        |      |
| 21  | Taxidermy   |                               |  |  |            |   |         |        |      |
| 22  | Historical artifacts  |                               |  |  |            |   |         |        |      |
| 23  | Scientific specimens  |                               |  |  |            |   |         |        |      |
| 24  | Archeological artifacts   |                               |  |  |            |   |         |        |      |
| 25  | Other ()  |                               |  |  |            |   |         |        |      |
| 26  | Other ()  |                               |  |  |            |   |         |        |      |
| 27  | Other ()  |                               |  |  |            |   |         |        |      |
| 28  | Other ( )   |                               |  | <u> </u>   |            |   |         |        |      |
| 29  | Number of Forms 8283 received by the organization                 | -                             | •  |  |            |   |         |        |      |
|     | for which the organization completed Form 828                     | 33, Part V, D                 | onee Acknowledg                                  | ement  | 29         |   |         |        |      |
|     |   |                               |  | =  |            |   |         | Yes    | No   |
| 30a | During the year, did the organization receive by                  |                               |  |  | _          |   |         |        |      |
|     | must hold for at least 3 years from the date of the               |                               |  | · · · · · · · · · · · · · · · · · · ·                    |            |   |         |        | v    |
|     | exempt purposes for the entire holding period?                    |                               |  |  |            |   | 30a     |        | Х    |
|     | <b>b</b> If "Yes," describe the arrangement in Part II.           |                               |  |  |            |   |         | 7,7    |      |
| 31  |   |                               |  |  |            | 31                                      |         | Х      |      |
| 32a | Does the organization hire or use third parties or                |                               |  | • •  |            |   |         |        | .,   |
|     | contributions?  |                               |  |  |            |   | 32a     |        | Х    |
|     | If "Yes," describe in Part II.                                    |                               |  |  |            |   |         |        |      |
| 33  | If the organization didn't report an amount in co                 | olumn (c) foi                 | a type of property                               | for which column (a                                      | a) is chec | cked,                                   |         |        |      |
|     | describe in Part II.  |                               |  |  |            |   |         |        |      |
| LHA | For Paperwork Reduction Act Notice, see t                         | tne Instruci                  | ions for Form 990                                | J.   |            | Schedule M                              | ı (Forn | n 990) | 2022 |

232142 09-09-22

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

| MUSIC FOR ALL, INC.   | 36-3413042 |
|---|------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:          |            |
| LIFE-CHANGING EXPERIENCES THROUGH MUSIC.                                |            |
|   |            |
| 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:        |            |
| 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 4D, OTHER PROGRAM SERVICES:                    | _          |
| MUSIC FOR ALL NEWSLETTER A SERIES OF DIGITAL ENEWSLETTERS AND PRINTED   |            |
| NEWSLETTERS THAT ARE EMAILED TO APPROXIMATELY 110,000 SUBSCRIBERS PER   |            |

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

**Employer identification number** Name of the organization MUSIC FOR ALL, INC. 36-3413042 MONTHLY ISSUE AND MAILED TO APPROXIMATELY 8,000 HIGH SCHOOL BAND DIRECTORS ONE TIME ANNUALLY WITH INFORMATION ABOUT ALL OF MUSIC FOR ALLS EDUCATIONAL PROGRAMS AND EVENTS. ADVOCACY PROGRAMS A SERIES OF PROGRAMS PROVIDING EDUCATIONAL AND ADVOCACY RESOURCES, INCLUDING A SERIES OF AFFILIATED REGIONAL MUSIC FESTIVALS. OTHER ADVOCACY PROGRAMS INCLUDE: PROFESSIONAL DEVELOPMENT PROGRAMS ADVOCACY IN ACTION AWARDS PROGRAM PROVIDING RECOGNITION TO SUPPORT MUSIC IN OUR SCHOOLS, WORKING TO ENSURE MUSIC EDUCATION IS AVAILABLE TO EVERY CHILD, WITH EMPHASIS ON INCREASING ACCESS TO MUSIC EDUCATION FOR STUDENTS AND TEACHERS FROM UNDERAPPRECIATED COMMUNITIES, INCLUDING SMALL, RURAL, AND URBAN SCHOOLS. MUSIC FOR ALL OFFERS THESE PROGRAMS INDEPENDENTLY AND ALSO COLLABORATES WITH A NUMBER OF OTHER PROGRAMS TO EXTEND THE REACH OF ITS ADVOCACY PROGRAMMING. EXPENSES \$ 11,227. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25,036. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM, THEN REVIEWED BY THE CFO. CEO. AND FINANCE COMMITTEE. AFTER THIS FIRST REVIEW. THE DRAFT FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO DISCUSS THE RETURN. THE RETURN IS FILED ONLY AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SUBMITS A SIGNED CONFLICT OF INTEREST STATEMENT UPON ELECTION TO THE BOARD. UPDATED STATEMENTS ARE SIGNED AND SUBMITTED AT EACH SUBSEQUENT ANNUAL MEETING. THE ANNUAL MEETINGS NORMALLY OCCURS DURING THE

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** MUSIC FOR ALL, INC. 36-3413042 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

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

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

AUDIT.

#### **SCHEDULE R** (Form 990)

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.

Department of the Treasury Internal Revenue Service

MUSIC FOR ALL, INC.

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2022

36-3413042

| Part I Identification of Disregarded Entities. Comp                             | lete if the organization answered "Yes        | " on Form 990, Part IV, line 3                | 3.                            |                                       |                               |                                |  |
|---|---|---|-------------------------------|---------------------------------------|-------------------------------|--------------------------------|--|
| (a)  Name, address, and EIN (if applicable)  of disregarded entity              | <b>(b)</b> Primary activity                   | (c) Legal domicile (state of foreign country) | (d)<br>Total inco             | ome End-of-yea                        | I                             | (f)<br>ct controllin<br>entity | g  |
|   |   |   |                               |                                       |                               |                                |  |
|   |   |   |                               |                                       |                               |                                |  |
|   |   |   |                               |                                       |                               |                                |  |
|   |   |   |                               |                                       |                               |                                |  |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | zations. Complete if the organization         | answered "Yes" on Form 990                    | D, Part IV, line 34,          | because it had one                    | or more related tax-e         | exempt                         |  |
| (a) Name, address, and EIN of related organization                              | <b>(b)</b><br>Primary activity                | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | con                            | ( <b>g)</b><br>512(b)(13)<br>trolled<br>htity? |
|   |   | ,,  |                               | 501(c)(3))                            |                               | Yes                            | No   |
| MUSIC FOR ALL FOUNDATION - 36-3991517  39 W. JACKSON PLACE                      | DISTRIBUTE GRANTS AND 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.

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.

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

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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | (g) Share of end-of-year assets | (h)<br>Percentage<br>ownership | Sect<br>512(b<br>contro<br>enti | tion<br>b)(13)<br>olled<br>ty? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|--|---------------------------------|--------------------------------|---------------------------------|--------------------------------|
|  |                                | country)                             |                               | or trusty                                     |  | 233013                          |                                | Yes                             | No                             |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  |                                 |                                |                                 |                                |
|  |                                |                                      |                               |   |  | 1                               |                                |                                 |                                |

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

1b

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**b** Gift, grant, or capital contribution to related organization(s)

| c Gift, grant, or capital contribution from related organization(s)                          |                    |                        |                                      | 1c         |          | X    |
|--|--------------------|------------------------|--------------------------------------|------------|----------|------|
| d Loans or loan guarantees to or for related organization(s)                                 |                    |                        |                                      | 1d         | Х        |      |
| e Loans or loan guarantees by related organization(s)  |                    |                        |                                      | 1e         |          | X    |
|  |                    |                        |                                      |            |          |      |
| f Dividends from related organization(s)   |                    |                        |                                      | 1f         |          | X    |
| g Sale of assets to related organization(s)  |                    |                        |                                      | <b>1</b> g |          | X    |
| h Purchase of assets from related organization(s)  |                    |                        |                                      | 1h         |          | X    |
| i Exchange of assets with related organization(s)  |                    |                        |                                      | 1i         |          | Х    |
| j Lease of facilities, equipment, or other assets to related organization(s)                 |                    |                        |                                      | 1j         |          | Х    |
|  |                    |                        |                                      |            |          |      |
| k Lease of facilities, equipment, or other assets from related organization(s)               |                    |                        |                                      | 1k         |          | X    |
| I Performance of services or membership or fundraising solicitations for related organ       |                    |                        |                                      | 11         |          | X    |
| m Performance of services or membership or fundraising solicitations by related organ        |                    |                        |                                      | 1m         |          | X    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization |                    |                        |                                      | 1n         |          | Х    |
|  |                    |                        |                                      | 10         |          | Х    |
| 3 ( )  |                    |                        |                                      |            |          |      |
| p Reimbursement paid to related organization(s) for expenses                                 |                    |                        |                                      | 1p         |          | Х    |
| q Reimbursement paid by related organization(s) for expenses                                 |                    |                        |                                      | 1q         |          | X    |
| <b>4</b> ····································  |                    |                        |                                      |            |          |      |
| r Other transfer of cash or property to related organization(s)                              |                    |                        |                                      | 1r         |          | Х    |
| s Other transfer of cash or property from related organization(s)                            |                    |                        |                                      | 1s         |          | X    |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w      |                    |                        |                                      | 1.0        | <u> </u> |      |
|  |                    |                        |                                      |            |          |      |
| <b>(a)</b><br>Name of related organization   | (b)<br>Transaction | (c)<br>Amount involved | (d) Method of determining amount inv | olved      |          |      |
| Ç  | type (a-s)         |                        |                                      |            |          |      |
|  |                    |                        |                                      |            |          |      |
| (1) MUSIC FOR ALL FOUNDATION, INC.   | D                  | 667.                   | ACCOUNTS RECIEVABLE                  |            |          |      |
| , ,  |                    |                        |                                      |            |          |      |
| (2)  |                    |                        |                                      |            |          |      |
| (=)  |                    |                        |                                      |            |          |      |
| (3)  |                    |                        |                                      |            |          |      |
| (0)  |                    |                        |                                      |            |          |      |
| (4)  |                    |                        |                                      |            |          |      |
| \ 'J   |                    |                        |                                      |            |          |      |
| (5)  |                    |                        |                                      |            |          |      |
| Ψ,   |                    |                        |                                      |            |          |      |
| (6)  |                    |                        |                                      |            |          |      |
| 232163 09-14-22  | ı                  |                        | Schedule                             | R (Forn    | n 9901   | 2022 |
| 202 100 05-14-22   |                    |                        | Scriedule                            | . , (1 011 | 330)     |      |

Schedule R (Form 990) 2022 MUSIC FOR ALL, INC. 36-3413042 Page 4

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) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.?  Yes No | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproptionate allocation | Code V-UBI<br>amount in box<br>of Schedule K- | General managin partner | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|-------------------------|--------------------------|
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      | -                    |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |

THIS IS NOT A FILEABLE COPY \*\*\*\*\*

## IRS e-file Signature Authorization for a Tax Exempt Entity

, 2022, and ending  $\phantom{00}$  FEB  $\phantom{0}28$ 

OMB No. 1545-0047

2023 Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 36-3413042 MUSIC FOR ALL, INC. JEREMY EARNHART Name and title of officer or person subject to tax PRESIDENT AND CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here ...... 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize GREENWALT CPAS, INC. 13042 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 35000911111 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 12/14/23 ERO's signature Date

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

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

Form **8879-TE** (2022)

Form 8879-TF

EXTENDED TO JANUARY 16, 2024

| Form             | 990-T                                       | l E                                     | Extended to January 16, 2024 Exempt Organization Business Income Tax Return  | n L     | OMB No. 1545-0047  |  |  |  |  |  |
|------------------|---|---|--|---------|--|--|--|--|--|--|
|                  |   |   | (and proxy tax under section 6033(e))  |         | 0000   |  |  |  |  |  |
|                  |   | For ca                                  | lendar year 2022 or other tax year beginning MAR 1, 2022 , and ending FEB 28, 2023   |         | 2022   |  |  |  |  |  |
| Depar<br>Interna | tment of the Treasury<br>al Revenue Service | ı                                       | Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). |         | Open to Public Inspection for 501(c)(3) Organizations Only |  |  |  |  |  |
| Α                | Check box if address changed.               |   | Name of organization ( Check box if name changed and see instructions.)  | DEmplo  | oyer identification number                                 |  |  |  |  |  |
| <b>B</b> E:      | xempt under section                         | Print                                   | MUSIC FOR ALL, INC.  |         | 36-3413042   |  |  |  |  |  |
| X                | 501(c)(3)<br>408(e) 220(e)                  | Type Type Type Type Type Type Type Type |  |         |  |  |  |  |  |  |
|                  | 408A 530(a)<br>529(a) 529A                  |   | City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46225  | F [     | Check box if   |  |  |  |  |  |
|                  |   | С Во                                    | ok value of all assets at end of year 12,566,665.  |         | an amended return.   |  |  |  |  |  |
| G                | Check organization                          | type                                    | X 501(c) corporation 501(c) trust 401(a) trust Other trust   | ] State | college/university   |  |  |  |  |  |
| Н                | Check if filing only to                     | 0                                       | Claim credit from Form 8941 Claim a refund shown on Form 2439  |         |  |  |  |  |  |  |
| 1 (              | Check if a 501(c)(3)                        | organiz                                 | ation filing a consolidated return with a 501(c)(2) titleholding corporation   |         |  |  |  |  |  |  |
| J                | Enter the number of                         | attach                                  | ed Schedules A (Form 990-T)  |         | 1  |  |  |  |  |  |
| K                | During the tax year,                        | was the                                 | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   |         | Yes X No   |  |  |  |  |  |
|                  | f "Yes," enter the na                       | ame an                                  | d identifying number of the parent corporation.  |         |  |  |  |  |  |  |
| <u>L</u>         | The books are in car                        |   | Tolophone named  | 317-63  | 6-2263   |  |  |  |  |  |
| Pa               | rt I Total Unr                              | elate                                   | d Business Taxable Income  |         |  |  |  |  |  |  |
| 1                | Total of unrelated                          | busine                                  | ss taxable income computed from all unrelated trades or businesses (see  |         |  |  |  |  |  |  |
|                  | instructions)                               |   |  | 1       | 0.   |  |  |  |  |  |
| 2                | Reserved                                    |   |  | 2       |  |  |  |  |  |  |
| 3                | Add lines 1 and 2                           |   |  | 3       |  |  |  |  |  |  |
| 4                | Charitable contrib                          | utions (                                | see instructions for limitation rules)   | 4       | 0.   |  |  |  |  |  |
| 5                | Total unrelated bu                          | siness                                  | taxable income before net operating losses. Subtract line 4 from line 3  | 5       |  |  |  |  |  |  |
| 6                | Deduction for net                           | operati                                 | ng loss. See instructions  | 6       | 0.   |  |  |  |  |  |
| 7                | Total of unrelated                          | busine                                  | ss taxable income before specific deduction and section 199A deduction.  |         |  |  |  |  |  |  |
|                  | Subtract line 6 from                        | m line 5                                | 5  | 7       |  |  |  |  |  |  |
| 8                | Specific deduction                          | n (gene                                 | rally \$1,000, but see instructions for exceptions)  | 8       | 1,000.   |  |  |  |  |  |
| 9                | Trusts. Section 19                          | 99A de                                  | duction. See instructions  | 9       |  |  |  |  |  |  |
| 10               | Total deductions.                           | . Add li                                | nes 8 and 9  | 10      | 1,000.   |  |  |  |  |  |
| 11               | Unrelated busine                            | ss taxa                                 | able income. Subtract line 10 from line 7. If line 10 is greater than line 7,  |         |  |  |  |  |  |  |
| _                | enter zero                                  |   |  | 11      | 0.   |  |  |  |  |  |
| Ра               | rt II Tax Com                               | putat                                   | ion  |         |  |  |  |  |  |  |
| 1                | Organizations tax                           | kable a                                 | s corporations. Multiply Part I, line 11 by 21% (0.21)   | 1       | 0.   |  |  |  |  |  |
| 2                | Trusts taxable at                           |   | ates. See instructions for tax computation. Income tax on the amount on  |         |  |  |  |  |  |  |
|                  | Part I, line 11 from                        | ı:                                      | Tax rate schedule or Schedule D (Form 1041)  | 2       |  |  |  |  |  |  |
| 3                | Proxy tax. See ins                          | structio                                | ns   | 3       |  |  |  |  |  |  |
| 4                | Other tax amounts                           | s. See i                                | nstructions  | 4       |  |  |  |  |  |  |
| 5                | Alternative minimu                          | ım tax (                                | (trusts only)  | 5       |  |  |  |  |  |  |
| 6                | Tax on noncompl                             | liant fa                                | cility income. See instructions  | 6       |  |  |  |  |  |  |
| 7                | Total. Add lines 3                          | throug                                  | h 6 to line 1 or 2, whichever applies  | 7       | 0.   |  |  |  |  |  |

Form **990-T** (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

| Form 9  | <u>`</u> | ,   |                                     |                |                   |                        |                  |                |                          |     | age 2 |  |
|---------|----------|---|-------------------------------------|----------------|-------------------|------------------------|------------------|----------------|--------------------------|-----|-------|--|
| Part    |          | Tax and Payments  |                                     |                |                   |                        |                  |                |                          |     |       |  |
| 1a      |          | gn tax credit (corporations attach Form 11                  | 118; trusts attach Form 11          | 16)            | <u>1a</u>         |                        |                  | _              |                          |     |       |  |
| b       |          |   |                                     |                |                   |                        |                  | _              |                          |     |       |  |
| С       |          | ral business credit. Attach Form 3800 (see                  |                                     |                |                   |                        |                  | 4              |                          |     |       |  |
| d       |          | t for prior year minimum tax (attach Form                   |                                     |                |                   |                        |                  | -              |                          |     |       |  |
| е       |          | credits. Add lines 1a through 1d                            |                                     |                |                   |                        |                  | 1e             |                          |     |       |  |
| 2       |          | act line 1e from Part II, line 7                            |                                     |                |                   |                        |                  | 2              |                          |     | 0.    |  |
| 3       | Otner    | amounts due. Check if from: Form                            |                                     |                |                   |                        |                  |                |                          |     |       |  |
| 4       | Total    | tax. Add lines 2 and 3 (see instructions).                  |                                     |                |                   |                        | ndor             | 3              |                          |     |       |  |
| 4       |          | ·   |                                     | •              | •                 |                        |                  | 4              |                          |     | 0.    |  |
| 5       |          | nt net 965 tax liability paid from Form 965                 | 5.A Part II column (k)              |                |                   |                        |                  | 5              |                          |     | 0.    |  |
| 6a      |          | ents: A 2021 overpayment credited to 20                     |                                     |                | _ I               |                        |                  |                |                          |     |       |  |
| b       |          | estimated tax payments. Check if section                    |                                     | _              |                   |                        |                  | -              |                          |     |       |  |
| c       |          | `   | TO 40(g) clood on applied           |                |                   |                        |                  |                |                          |     |       |  |
| d       |          | gn organizations: Tax paid or withheld at s                 |                                     |                |                   |                        |                  |                |                          |     |       |  |
| e       |          | up withholding (see instructions)                           |                                     |                |                   |                        |                  |                |                          |     |       |  |
| f       |          | t for small employer health insurance prer                  |                                     |                |                   |                        |                  |                |                          |     |       |  |
| g       |          | credits, adjustments, and payments:                         |                                     |                |                   |                        |                  |                |                          |     |       |  |
| J       |          |   | Other                               |                | –<br>al <b>6g</b> |                        |                  |                |                          |     |       |  |
| 7       | Total    | payments. Add lines 6a through 6g                           |                                     |                |                   |                        |                  | 7              |                          |     |       |  |
| 8       | Estim    | ated tax penalty (see instructions). Check                  | if Form 2220 is attached            |                |                   |                        |                  | 8              |                          |     |       |  |
| 9       | Tax c    | lue. If line 7 is smaller than the total of line            | es 4, 5, and 8, enter amour         |                |                   |                        |                  | 9              |                          |     |       |  |
| 10      |          | payment. If line 7 is larger than the total o               |                                     |                |                   |                        |                  |                |                          |     |       |  |
| 11      | Enter    | the amount of line 10 you want: Credited                    | d to 2023 estimated tax             |                |                   |                        | Refunded         | 11             |                          |     |       |  |
| Part    | IV :     | Statements Regarding Certain <i>I</i>                       | Activities and Other                | Informat       | ion (se           | e instruc              | ctions)          |                |                          |     |       |  |
| 1       | At an    | y time during the 2022 calendar year, did                   | the organization have an ir         | nterest in o   | r a signat        | ure or ot              | her authority    | ,              |                          | Yes | No    |  |
|         | over a   | a financial account (bank, securities, or ot                | her) in a foreign country? If       | f "Yes," the   | organiza          | tion may               | have to file     |                |                          |     |       |  |
|         | FinCE    | EN Form 114, Report of Foreign Bank and                     | Financial Accounts. If "Ye          | s," enter th   | e name c          | of the for             | eign country     |                |                          |     |       |  |
|         | here     |   |                                     |                |                   |                        |                  |                |                          |     | Х     |  |
| 2       |          | g the tax year, did the organization receiv                 | ,                                   | J              | ,                 |                        | ,                |                |                          |     |       |  |
|         | foreig   | n trust?  |                                     |                |                   |                        |                  |                |                          |     | Х     |  |
|         |          | s," see instructions for other forms the or                 | •                                   |                |                   |                        |                  |                |                          |     |       |  |
| 3       | Enter    | the amount of tax-exempt interest receive                   |                                     |                |                   |                        |                  |                |                          |     |       |  |
| 4       | Enter    | available pre-2018 NOL carryovers here                      | \$ 34,874                           | Do not         | include a         | any post-              | 2017 NOL ca      | arryove        | er                       |     |       |  |
|         | show     | n on Schedule A (Form 990-T). Don't redu                    | ce the NOL carryover show           | wn here by     | any dedu          | ıction re <sub>l</sub> | ported on Pa     | rt I, line     | € 6.                     |     |       |  |
| 5       |          | 2017 NOL carryovers. Enter the Business                     | •                                   | · ·            |                   | •                      |                  |                |                          |     |       |  |
|         | the ar   | mounts shown below by any NOL claimed                       | d on any Schedule A, Part I         | II, line 17 fo | r the tax         | year. Se               | e instructions   | S              |                          | -   |       |  |
|         |          | Business Activit  |                                     |                |                   | lable pos              | st-2017 NOL      | carryo         |                          | -   |       |  |
|         |          | 54180   | 00                                  |                | \$                |                        |                  |                | 7,020.                   | -   |       |  |
|         |          |   |                                     |                | \$                |                        |                  |                |                          |     |       |  |
| 6a      |          | ne organization change its method of acco                   | ,                                   |                |                   |                        |                  |                |                          |     | Х     |  |
| b       |          | s "Yes," has the organization described the                 | ne change on Form 990, 99           | 90-EZ, 990-    | PF, or Fo         | orm 1128               | 5? If "No,"      |                |                          |     |       |  |
| Part    |          | in in Part V  |                                     |                |                   |                        |                  |                |                          |     |       |  |
|         |          |   |                                     |                | -1: 0-            |                        |                  |                |                          |     |       |  |
| Provide | e tne e  | xplanation required by Part IV, line 6b. Als                | so, provide any other additi        | ionai intorm   | ation. Se         | e instruc              | ctions.          |                |                          |     |       |  |
|         |          |   |                                     |                |                   |                        |                  |                |                          |     |       |  |
|         | Uı       | nder penalties of perjury, I declare that I have examined t | this return, including accompanying | schedules and  | statements.       | and to the             | best of my knowl | edge and       | belief, it is tru        | e.  |       |  |
| Sign    |          | orrect, and complete. Declaration of preparer (other than   |                                     |                |                   |                        |                  |                |                          |     |       |  |
| Here    |          |   |                                     | PRESIDEN'      | ר אוום כ          | 'EO                    |                  | -              | RS discuss this          |     | vith  |  |
|         | Īs       | ignature of officer   |                                     |                | 1 11110 C         |                        |                  |                | rer shown belons)? $X Y$ | _   | No    |  |
|         |          | Print/Type preparer's name                                  | Preparer's signature                |                | Date              |                        | Check            | _              | TIN                      | 00  | 140   |  |
| D ' '   |          |   | i ropaiti s siyllatuit              |                | Date              |                        | self- employed   | - 1            | 1111                     |     |       |  |
| Paid    |          | JOHN W. KELLER, CPA   |                                     | 1              | 2/14/2            | I .                    | oon omployed     |                | 01329619                 | )   |       |  |
| Prepa   |          | Firm's name GREENWALT CPAS, IN                              | C.                                  |                | _,_,_,            |                        | Firm's EIN       |                |                          |     |       |  |
| Use (   | חוע      | 5342 WEST VERMO   |                                     |                |                   |                        | I IIIII 3 EIIV   | EIN 33-1469321 |                          |     |       |  |
|         |          | Firm's address INDIANAPOLIS, I                              |                                     |                |                   |                        | Phone no.        | 317-2          | 41-2999                  |     |       |  |
|         |          |   |                                     |                |                   |                        |                  |                |                          |     |       |  |

| FORM 990-T  | PRE-201           | 8 NET OPERATING               | LOSS DEDUCTION    | STATEMENT 1            |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED    | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 02/28/09    | 1,142.            | 1,142.                        | 0.                | 0.                     |
| 02/28/10    | 421.              | 421.                          | 0.                | 0.                     |
| 02/28/11    | 6,800.            | 2,569.                        | 4,231.            | 4,231.                 |
| 02/28/12    | 3,387.            | 0.                            | 3,387.            | 3,387.                 |
| 02/28/13    | 6,871.            | 0.                            | 6,871.            | 6,871.                 |
| 02/28/14    | 6,648.            | 0.                            | 6,648.            | 6,648.                 |
| 02/28/15    | 1,048.            | 0.                            | 1,048.            | 1,048.                 |
| 02/29/16    | 3,373.            | 0.                            | 3,373.            | 3,373.                 |
| 02/28/17    | 721.              | 0.                            | 721.              | 721.                   |
| 02/28/18    | 8,595.            | 0.                            | 8,595.            | 8,595.                 |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR                          | 34,874.           | 34,874.                |

# SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

|            | lame of the organization  |            |                         | B Employ        |          | 501(c)(3) Organizations Only ation number |
|------------|---|------------|-------------------------|-----------------|----------|---|
|            | MUSIC FOR ALL, INC.   |            |                         |                 | 3413042  |   |
|            | ·   |            |                         |                 |          |   |
| C          | Unrelated business activity code (see instructions) 541800        |            |                         | <b>D</b> Sequer | nce: 1   | of 1                                      |
|            |   |            |                         |                 |          |   |
| <u>E</u> [ | Describe the unrelated trade or business ADVERTISING REVENT       | JE FROM    | QUARTERLY NEWSLI        | ETTER AND PI    | ROGRAM B | OOKS                                      |
| Pai        | Unrelated Trade or Business Income                                |            | (A) Income              | (B) Expen       | ises     | (C) Net                                   |
| 1 a        | Gross receipts or sales   |            |                         |                 |          |   |
| b          | Less returns and allowances c Balance                             | 1c         |                         |                 |          |   |
| 2          | Cost of goods sold (Part III, line 8)                             | 2          |                         |                 |          |   |
| 3          | Gross profit. Subtract line 2 from line 1c                        | 3          |                         |                 |          |   |
| 4 a        | Capital gain net income (attach Schedule D (Form 1041 or Form     |            |                         |                 |          |   |
|            | 1120)). See instructions  | 4a         |                         |                 |          |   |
| b          | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b         |                         |                 |          |   |
| С          | Capital loss deduction for trusts                                 | 4c         |                         |                 |          |   |
| 5          | Income (loss) from a partnership or an S corporation (attach      |            |                         |                 |          |   |
|            | statement)  | 5          |                         |                 |          |   |
| 6          | Rent income (Part IV)   | 6          |                         |                 |          |   |
| 7          | Unrelated debt-financed income (Part V)                           | 7          |                         |                 |          |   |
| 8          | Interest, annuities, royalties, and rents from a controlled       |            |                         |                 |          |   |
|            | organization (Part VI)  | 8          |                         |                 |          |   |
| 9          | Investment income of section 501(c)(7), (9), or (17)              |            |                         |                 |          |   |
|            | organizations (Part VII)  | 9          |                         |                 |          |   |
| 10         | Exploited exempt activity income (Part VIII)                      | 10         |                         |                 |          |   |
| 11         | Advertising income (Part IX)                                      | 11         |                         |                 |          |   |
| 12         | Other income (see instructions; attach statement)                 | 12         |                         |                 |          |   |
| <u>13</u>  | Total. Combine lines 3 through 12                                 | 13         | 0.                      |                 |          |   |
| Pai        | Deductions Not Taken Elsewhere See instruction                    |            | limitations on dec      | ductions. De    | ductions | must be                                   |
|            | directly connected with the unrelated business in                 | Come       |                         |                 |          |   |
| 1          | Compensation of officers, directors, and trustees (Part X)        |            |                         |                 | 1        |   |
| 2          | Salaries and wages  |            |                         |                 |          |   |
| 3          | Repairs and maintenance   |            |                         |                 |          |   |
| 4          | Bad debts   |            |                         |                 | 1 - 1    |   |
| 5          |   |            |                         |                 |          |   |
| 6          | Taxes and licenses  |            |                         |                 | 6        |   |
| 7          | Depreciation (attach Form 4562). See instructions                 |            | 7                       |                 |          |   |
| 8          | Less depreciation claimed in Part III and elsewhere on return     |            |                         |                 | 8b       |   |
| 9          | Depletion   |            |                         |                 | 9        |   |
| 10         | Contributions to deferred compensation plans                      |            |                         |                 | 10       |   |
| 11         | Employee benefit programs   |            |                         |                 |          |   |
| 12         | Excess exempt expenses (Part VIII)                                |            |                         |                 |          |   |
| 13         | Excess readership costs (Part IX)                                 |            |                         |                 |          |   |
| 14         | Other deductions (attach statement)                               |            |                         |                 |          |   |
| 15         |   |            |                         |                 | . 15     | 0.  |
| 16         | Unrelated business income before net operating loss deduction. S  | ubtract li | ne 15 from Part I, line | 13,             |          |   |
|            | column (C)  |            |                         |                 | 16       | 0.  |
| 17         | Deduction for net operating loss. See instructions                |            |                         |                 | . 17     | 0.  |
| 18         | Unrelated business taxable income. Subtract line 17 from line 1   | â          |                         |                 | . 18     |   |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

| _   |        |
|-----|--------|
| กรด | $\sim$ |
|     |        |

| Part | III Cost of Goods Sold Enter meti                         | nod of inventory valuati | on                         |              | rago <u>=</u>                         |
|------|---|--------------------------|----------------------------|--------------|---------------------------------------|
| 1    | Inventory at beginning of year                            | •                        |                            | 1            |                                       |
| 2    | Purchases   |                          |                            |              |                                       |
| 3    | Cost of labor   |                          |                            |              |                                       |
| 4    | Additional section 263A costs (attach statement)          |                          |                            | 4            |                                       |
| 5    | Other costs (attach statement)                            |                          |                            |              |                                       |
| 6    | Total. Add lines 1 through 5                              |                          |                            |              |                                       |
| 7    | Inventory at end of year                                  |                          |                            | _            |                                       |
| 8    | Cost of goods sold. Subtract line 7 from line 6. Enter I  |                          |                            |              |                                       |
| 9    | Do the rules of section 263A (with respect to property)   | ·                        |                            |              | Yes No                                |
| Part |   |                          |                            |              |                                       |
| 1    | Description of property (property street address, city, s | tate, ZIP code). Check   | if a dual-use. See instru  | uctions.     |                                       |
|      | A 🗌   | ,                        |                            |              |                                       |
|      | В   |                          |                            |              |                                       |
|      | c 🗆   |                          |                            |              |                                       |
|      | D   |                          |                            |              |                                       |
|      |   | Α                        | В                          | С            |                                       |
| 2    | Rent received or accrued                                  |                          |                            |              |                                       |
| а    | From personal property (if the percentage of              |                          |                            |              |                                       |
|      | rent for personal property is more than 10%               |                          |                            |              |                                       |
|      | but not more than 50%)                                    |                          |                            |              |                                       |
| b    | From real and personal property (if the                   |                          |                            |              |                                       |
| _    | percentage of rent for personal property exceeds          |                          |                            |              |                                       |
|      | 50% or if the rent is based on profit or income)          |                          |                            |              |                                       |
| С    | Total rents received or accrued by property.              |                          |                            |              |                                       |
| ·    | Add lines 2a and 2b, columns A through D                  |                          |                            |              |                                       |
|      | Add lines 2a and 2b, columns A through b                  |                          |                            |              |                                       |
| 3    | Total rents received or accrued. Add line 2c columns A    | through D. Enter here    | and on Part I line 6 co    | dumn (Δ)     | 0.                                    |
| Ū    | Deductions directly connected with the income             | tillough D. Enter here   | and off fart i, line o, ce | Jann (A)     |                                       |
| 4    | in lines 2(a) and 2(b) (attach statement)                 |                          |                            |              |                                       |
| 7    | ir iii los Z(a) and Z(b) (attaon statement)               |                          |                            |              |                                       |
| 5    | Total deductions. Add line 4 columns A through D. Er      | ter here and on Part I   | line 6 column (B)          |              | 0.                                    |
| Part |   | ee instructions)         | (B)                        |              |                                       |
| 1    | Description of debt-financed property (street address, of |                          | heck if a dual-use. See    | instructions |                                       |
| •    | A   | ,,,                      |                            |              |                                       |
|      | В   |                          |                            |              |                                       |
|      | c $\square$   |                          |                            |              |                                       |
|      | D   |                          |                            |              |                                       |
|      |   | Α                        | В                          | С            |                                       |
| 2    | Gross income from or allocable to debt-financed           | .,                       | _                          | Ū            |                                       |
| _    | property  |                          |                            |              |                                       |
| 3    | Deductions directly connected with or allocable           |                          |                            |              |                                       |
| •    | to debt-financed property                                 |                          |                            |              |                                       |
| а    | Straight line depreciation (attach statement)             |                          |                            |              |                                       |
| b    | Other deductions (attach statement)                       |                          |                            |              |                                       |
| c    | Total deductions (add lines 3a and 3b,                    |                          |                            |              |                                       |
| C    | columns A through D)                                      |                          |                            |              |                                       |
| 4    | Amount of average acquisition debt on or allocable        |                          |                            |              |                                       |
| 4    | • .   |                          |                            |              |                                       |
| _    | to debt-financed property (attach statement)              |                          |                            |              |                                       |
| 5    | Average adjusted basis of or allocable to debt-           |                          |                            |              |                                       |
| _    | financed property (attach statement)                      | 2/                       | 0.1                        | 2/           | 0/                                    |
| 6    | Divide line 4 by line 5                                   | %                        | %                          | %            | %                                     |
| 7    | Gross income reportable. Multiply line 2 by line 6        | Fatanbara and 5          | 4.1 line 7 to (A)          |              | 0.                                    |
| 8    | Total gross income (add line 7, columns A through D)      | . ∟nter nere and on Par  | τι, line /, column (A)     | ·····        | · · · · · · · · · · · · · · · · · · · |
| ^    | Allegable deducations Marketic Proc. C. J. P. C.          | Т                        | T                          | T            |                                       |
| 9    | Allocable deductions. Multiply line 3c by line 6          | anab D. Fisteri'         | Law Dark Library 7         | (D)          | 0.                                    |
| 10   | Total allocable deductions. Add line 9, columns A thr     |                          |                            |              | 0.                                    |
|      | Total dividends-received deductions included in line      | ıυ                       |                            |              | υ.                                    |

|                | ule A (Form 990-T) 2022<br>VI Interest, Annu     |             | ovalties, and Re                           | ents fron  | n Control                              | led Or                          | ganizations                                    | s (see instru  | ictions)                       |  | Page 3                               |
|----------------|--|-------------|--|--|--|---------------------------------|--|--|--------------------------------|--|--------------------------------------|
| · uit          |  |             | - , s , a                                  |  | 55114101                               |                                 | Exempt Contro                                  | · · · · · · · · · · · · · · · · · · ·                              |                                |  |                                      |
|                | Name of controlle<br>organization                | d           | 2. Employer identification number          | incon  | unrelated<br>ne (loss)<br>structions)  | 4. Tota                         | al of specified<br>nents made                  | 5. Part of co<br>that is include<br>controlling or<br>tion's gross | lumn 4<br>ed in the<br>ganiza- | 6. Deduction connecte income in c  | d with                               |
| (1)            |  |             |  |  |  |                                 |  | g  |                                |  |                                      |
| (2)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (3)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| <u>(4)</u>     |  |             |  |  |  |                                 |  |  |                                |  |                                      |
|                |  | T           |  | <del>,                                      </del> | Controlled O                           |                                 |  |  | 1                              |  |                                      |
| 7              | i  |             | Net unrelated acome (loss) e instructions) |  | otal of specif<br>yments mad           |                                 | that is inc                                    | of column 9 sluded in the organization's income                    |                                | <ol> <li>Deductions directly<br/>connected with<br/>income in column 10</li> </ol> |                                      |
| (1)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (2)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (3)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (4)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
|                |  |             |  |  |  |                                 | Enter here                                     | nns 5 and 10.<br>and on Part I,<br>column (A)                      | 1                              | d columns 6 a<br>er here and or<br>line 8, columr                                  | n Part I,                            |
| Totals         |  |             |  |  |  |                                 |  | (  | ) <b>.</b>                     |  | 0.                                   |
| Part           | VII Investment                                   | Income      | of a Section 50                            | 1(c)(7), (   | 9), or (17)                            | Orgar                           | nization <sub>(s</sub>                         | ee instructions  | s)                             |  |                                      |
|                | <b>1.</b> Desc                                   | cription of | income                                     |  | 2. Amou incor                          |                                 | 3. Deduction directly connected (attach states | ected (attach  | et-asides<br>stateme           | nt) and set  | leductions<br>t-asides<br>s 3 and 4) |
| (1)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (2)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (3)            |  |             |  |  |  |                                 |  |  |                                |  |                                      |
| (4)            |  |             |  |  | Add amo                                | ınte in                         |  |  |                                | Add am   | nounts in                            |
|                |  |             |  |  | column 2<br>here and o<br>line 9, colu | . Enter<br>n Part I,<br>umn (A) |  |  |                                | column<br>here and   | 5. Enter<br>on Part I,<br>olumn (B)  |
| Totals<br>Part |  | vomet 1     | Activity Income,                           | Othor T  | Thon Adve                              | 0.                              | - Income                                       | , , , ,  | `                              |  | 0.                                   |
|                |  |             |  | , Other i  | man Auve                               | er usırıç                       | g income (                                     | see instruction  | 1S)                            |  |                                      |
| 1<br>2         | Description of exploite<br>Gross unrelated busin | •           |  | naca Enta  | * bara and a                           | a Davit I                       | line 10 column                                 | n (A)  | ا ۾ ا                          |  |                                      |
| 3              | Expenses directly con                            |             |  |  |  |                                 | •  | . ,  | 2                              |  |                                      |
| 3              |  |             |  |  |  |                                 |  |  | 3                              |  |                                      |
| 4              | line 10, column (B) Net income (loss) from       | unrelated   | trade or business                          | Subtract lir                                       | ne 3 from lin                          | <br>e. 2. If a o                | gain, complete                                 |  |                                |  |                                      |
| •              | ` ,  |             |  |  |  | •                               |  |  | 4                              |  |                                      |
| 5              | Gross income from ac                             |             |  |  |  |                                 |  |  |                                |  |                                      |
| 6              | Expenses attributable                            |             |  |  |  |                                 |  |  |                                |  |                                      |
| 7              | Excess exempt expen                              |             |  |  |  |                                 |  |  |                                |  |                                      |
|                | 4. Enter here and on F                           |             |  |  |  |                                 |  |  | 7                              |  |                                      |

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| _    |      |
|------|------|
| Page | , رح |

| Part  | IX Advertising Income   |                |                       |                    |                 | Tago 4             |
|-------|---|----------------|-----------------------|--------------------|-----------------|--------------------|
| 1     | Name(s) of periodical(s). Check box if reportin   | g two or mor   | re periodicals on a c | onsolidated basi   | S.              |                    |
|       | A QUARTERLY NEWSLETTER  | J              | •                     |                    |                 |                    |
|       | B PROGRAM BOOKS   |                |                       |                    |                 |                    |
|       | c 🗆   |                |                       |                    |                 |                    |
|       | D   |                |                       |                    |                 |                    |
| Enter | amounts for each periodical listed above in the   | correspondin   | ng column.            |                    |                 |                    |
|       |   |                | Α                     | В                  | С               | D                  |
| 2     | Gross advertising income  |                | 0.                    |                    | 0.              |                    |
|       | Add columns A through D. Enter here and on  | Part I, line 1 | 1, column (A)         |                    |                 |                    |
| а     |   |                |                       |                    |                 |                    |
| 3     | Direct advertising costs by periodical  |                | 0.                    |                    | 0.              |                    |
| а     | Add columns A through D. Enter here and on  | Part I, line 1 | 1, column (B)         |                    |                 |                    |
|       |   | _              |                       |                    |                 |                    |
| 4     | Advertising gain (loss). Subtract line 3 from lin   | ne             |                       |                    |                 |                    |
|       | 2. For any column in line 4 showing a gain,   |                |                       |                    |                 |                    |
|       | complete lines 5 through 8. For any column in   |                |                       |                    |                 |                    |
|       | line 4 showing a loss or zero, do not complete  | I .            |                       |                    |                 |                    |
|       | lines 5 through 7, and enter zero on line 8   |                |                       |                    |                 |                    |
| 5     | Readership costs  |                |                       |                    |                 |                    |
| 6     | Circulation income  |                |                       |                    |                 |                    |
| 7     | Excess readership costs. If line 6 is less than   |                |                       |                    |                 |                    |
|       | line 5, subtract line 6 from line 5. If line 5 is les   | I .            |                       |                    |                 |                    |
| •     | than line 6, enter zero   |                |                       |                    |                 |                    |
| 8     | Excess readership costs allowed as a  | _              |                       |                    |                 |                    |
|       | deduction. For each column showing a gain o   | I .            |                       |                    |                 |                    |
|       | line 4, enter the lesser of line 4 or line 7<br>Add line 8, columns A through D. Enter the gr |                | lina 9a. aalumna tata | ol or zoro horo or | nd on           |                    |
| а     | Part II, line 13  | eater or the r |                       |                    |                 | 0.                 |
| Part  |   | ectors, ar     | nd Trustees (se       | e instructions)    |                 | <u> </u>           |
|       | ·   | •              | (                     |                    | 3. Percentage   | 4. Compensation    |
|       | 1. Name   |                | <b>2.</b> Title       |                    | of time devoted | · '                |
|       |   |                |                       |                    | to business     | unrelated business |
| (1)   |   |                |                       |                    |                 | %                  |
| (2)   |   |                |                       |                    |                 | %                  |
| (3)   |   |                |                       |                    |                 | %                  |
| (4)   |   |                |                       |                    |                 | %                  |
|       |   |                |                       |                    |                 |                    |
|       | . Enter here and on Part II, line 1   |                |                       |                    |                 | 0.                 |
| Part  | XI Supplemental Information (se   | e instruction  | s)                    |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |
|       |   |                |                       |                    |                 |                    |

DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 2 FORM 990-T BUSINESS ACTIVITY SCHEDULE A

### ADVERTISING REVENUE FROM QUARTERLY NEWSLETTER AND PROGRAM BOOKS

TO FORM 990-T, SCHEDULE A, LINE E

| 990-T SCH A  |           | POST-2017  | NET ( | OPERATING              | LOSS | DEDUCTION        | STATEMENT 3            |
|--------------|-----------|------------|-------|------------------------|------|------------------|------------------------|
| TAX YEAR     | LOSS SUS  | TAINED     | PREV  | OSS<br>IOUSLY<br>PLIED | RI   | LOSS<br>EMAINING | AVAILABLE<br>THIS YEAR |
| 02/29/20     |           | 7,020.     |       | 0.                     |      | 7,020.           | 7,020.                 |
| NOL CARRYOVI | ER AVAILA | BLE THIS Y | EAR   |                        |      | 7,020.           | 7,020.                 |

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STATE COPY

| For Of     | fice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL   |                      |                 | Form AG990-IL<br>Revised 1/19        |
|------------|---|----------------------|-----------------|--------------------------------------|
| PM         | Attorney General KWAME RAOUL State of III Charitable Trust Bureau, 100 West Randol  |                      | · · ·           |                                      |
|            | 11th Floor, Chicago, Illinois 60601   | pii C                |                 | 01-018512<br>eck all items attached: |
| AM         | Report for the Fiscal Period:   | [2                   |                 | ov of IRS Return                     |
| /          | ·   | =                    | = ``'           | dited Financial Statements           |
|            | <b>Beginning</b> 03/01/2022   | Payable to           | Co <sub>l</sub> | oy of Form IFC                       |
| INIT       |   | the Illinois Charity | X \$18          | 5.00 Annual Report Filing Fee        |
|            | & Ending 02/28/2023   |                      | X \$10          | 00.00 Late Report Filing Fee         |
|            | ral ID # MO DAY YR  |                      |                 | MO DAY YR                            |
| Are c      |   | ganization was cre   | eated:          | 04/01/1985                           |
|            | LEGAL   | Year-end<br>amounts  |                 |                                      |
|            | NAME MUSIC FOR ALL, INC. MAIL   | A) ASSETS            | A)              | \$ 12,566,665.                       |
| Ι Δ        | DDRESS 39 WEST JACKSON PLACE, 150   | B) LIABILITIES       | B)              |                                      |
|            | /,STATE INDIANAPOLIS, IN  | C) NET ASSETS        | C)              |                                      |
|            | IP CODE 46225   | ,                    |                 | · ,                                  |
| I.         | SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:   | PERCENTAGE           |                 | AMOUNT                               |
|            | D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   | 77.706               | ,,,             |                                      |
|            | E) GOVERNMENT GRANTS & MEMBERSHIP DUES  | 12.707               |                 |                                      |
|            | F) OTHER REVENUES   | 9.587                | % F)            | \$ 986,110.                          |
|            | ON TOTAL DEVENUE INCOME AND CONTRIBUTIONS DESCRIPED (ADD.D. F. A.F.)  | 400                  |                 | Φ 10 20E 426                         |
| П.         | G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:  | 100 9                | % G)            | \$ 10,285,426.                       |
| <b>"</b> " | H) OPERATING CHARITABLE PROGRAM EXPENSE   | 87.327               | % H)            | \$ 7,074,254 <b>.</b>                |
|            | II) OF ENATING GRANTABLE PROGRAM EAF ENGL   | 07.027               | /0   11)        | ψ ,,,,,,,,,,,                        |
|            | I) EDUCATION PROGRAM SERVICE EXPENSE  | , a                  | % I)            | \$                                   |
|            |   |                      |                 | *                                    |
|            | J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   | 87.327               | % J)            | \$ 7,074,254.                        |
|            |   |                      |                 |                                      |
|            | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):  | ı                    |                 |                                      |
|            | TO COANTO TO OTHER CHARITARIE ORGANIZATIONS   |                      | 0/ 1/2)         | Φ                                    |
|            | K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   |                      | % K)            | \$                                   |
|            | L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   | 87.327               | % L)            | \$ 7,074,254 <b>.</b>                |
|            | LY TOTAL OTHER TROUBLES TOURS OF THE PROPERTY |                      | /0   L)         | Ψ , , ,                              |
|            | M) MANAGEMENT AND GENERAL EXPENSE   | 8.966                | % M)            | \$ 726,320.                          |
|            |   |                      |                 |                                      |
|            | N) FUNDRAISING EXPENSE  | 3.707                | % N)            | \$ 300,309.                          |
|            |   |                      |                 |                                      |
|            | 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   | 100 9                | % 0)            | \$ 8,100,883.                        |
| III.       | SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:   |                      |                 |                                      |
|            | (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  |                      |                 |                                      |
|            | PROFESSIONAL FUNDRAISERS; P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS   | 100 9                | % P)            | \$ 0.                                |
|            | 1, 10.1.2.1.1.1.00.1.1.1.1.0.2.0.1.1.1.0.1.0  | 100                  | ,,              |                                      |
|            | Q) TOTAL FUNDRAISERS FEES AND EXPENSES  | o.                   | % Q)            | \$                                   |
|            |   |                      |                 |                                      |
|            | R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  | O.                   | % R)            | \$                                   |
|            | PROFESSIONAL FUNDRAISING CONSULTANTS;   |                      | 0.              | Φ 2                                  |
| I          | S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR  | ۸D-                  | S)              | \$ 0.                                |
| '*.        |   | <b>-</b> 17.         | T)              | \$                                   |
|            | T) NAME, TITLE: DEBORAH ASBILL, EXEC. VICE PRESIDENT, MARKETING   |                      | U)              |                                      |
| 1          | -,,   |                      | - /             | 4                                    |

V) \$

W)#

X) #

Y) #

List on back side of instructions  $\begin{array}{c} \text{CODE} \end{array}$ 

042

042

042

V) NAME, TITLE: ROBIN CLENDENING, VICE PRESIDENT & CFO

X) DESCRIPTION: GRAND NATIONALS MARCHING BAND CHAMPIONSHIPS

W) DESCRIPTION: SUMMER MUSIC SYMPOSIUM

Y) DESCRIPTION: NATIONAL CONCERT BAND FESTIVAL

298091 04-01-22

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)

| IF  | THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:  |       | YES | NO |
|-----|--|-------|-----|----|
|     |  |       |     |    |
| 1.  | WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?   | 1. [  |     | Х  |
|     |  |       |     |    |
| 2.  | HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY   |       |     |    |
|     | COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?  | 2.    |     | Х  |
|     |  | Ī     |     |    |
| 3   | DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,  |       |     |    |
| ٥.  | DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,   |       |     |    |
|     | DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE   |       |     |    |
|     |  |       |     | Х  |
|     | ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?  | 3.    |     | Λ  |
|     |  |       |     |    |
| 4.  | HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE   |       |     |    |
|     | THAN 10% OF THE OUTSTANDING SHARES?  | 4.    |     | Х  |
|     |  |       |     |    |
| 5.  | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON  |       |     |    |
|     | OR ORGANIZATION?   | 5.    |     | Х  |
|     |  | Ī     |     |    |
| 6   | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)  | 6.    |     | Х  |
| ٥.  | The original doc the delivine of the delivine of the original of the original of the original of the original o | ٠. ا  |     |    |
| 72  | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS   |       |     |    |
| ıa. |  | ا ہ   |     | X  |
|     | BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  | 7.    |     | Λ  |
|     |  |       |     |    |
| /b. | IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT  |       |     |    |
|     | ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND   |       |     |    |
|     | GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$  |       |     |    |
|     |  |       |     |    |
| 8.  | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?  | 8.    |     | Х  |
|     |  |       |     |    |
| 9.  | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR  |       |     |    |
|     | REVOKED BY ANY GOVERNMENTAL AGENCY?  | 9.    |     | Х  |
|     |  |       |     |    |
| 10  | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,  |       |     |    |
|     | COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?   | 10.   |     | х  |
|     | COMMITTALING ON MICOUL OF ORGANIZATIONAL FONDO:  | 10. [ |     |    |
| 11  | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS   |       |     |    |
| 11. |  |       |     |    |
|     | THREE LARGEST ACCOUNTS:  |       |     |    |
|     | DMO HADDIG DAMW 2016 DIVED CDOCCING DVIN CHE 200 INDIANADOLIC IN 45240   |       |     |    |
|     | BMO HARRIS BANK 3926 RIVER CROSSING PKWY, STE 200, INDIANAPOLIS, IN 46240  |       |     |    |
|     | TIDDITION 0400 VENEZEDID GDOGGING INDIANIDOLIG THE 45040   |       |     |    |
|     | FIDELITY, 8480 KEYSTONE CROSSING, INDIANAPOLIS, IN 46240   |       |     |    |
|     |  |       |     |    |
|     |  |       |     |    |
|     |  |       |     |    |
| 12. | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: DAVID ELLIS - 317-636-2263  |       |     |    |
|     |  |       |     |    |
| ALL | . ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS  |       |     |    |

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

#### **BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

| PRESIDENT or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
|-----------------------------------|-----------|------|
| DAVID ELLIS                       |           |      |
| TREASURER or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
|                                   |           |      |

JOHN W. KELLER, CPA

JEREMY EARNHART

PREPARER (PRINT NAME)

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

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. MAR 1 2022 and ending FEB 28 A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change MUSIC FOR ALL, INC. Name change 36-3413042 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 39 WEST JACKSON PLACE 150 317-636-2263 10,365,131. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return INDIANAPOLIS, IN 46225 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JEREMY EARNHART Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MUSICFORALL.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1985 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF MUSIC FOR ALL IS Governance TO CREATE, PROVIDE AND EXPAND POSITIVELY (CONT'D ON SCH O) 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 3 Number of voting members of the governing body (Part VI, line 1a) 3 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 44 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 2752 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I. line 11 0. 7h **Prior Year Current Year** 5,958,537, 1,487,553. Contributions and grants (Part VIII, line 1h) 8 Revenue 7,743,887 7,811,763. Program service revenue (Part VIII, line 2g) 744 156,293. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 635,354 829,817. 11 14,338,522 10,285,426. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,312,766. 3,148,424. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 5,150,241. 4,952,459. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,463,007. 8,100,883. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,875,515. 2,184,543. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 9,801,855 12,566,665. Total assets (Part X, line 16) 2,307,068 2,818,041. 21 Total liabilities (Part X, line 26) 三年 7,494,787. 9,748,624. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign JEREMY EARNHART, PRESIDENT AND CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JOHN W. KELLER, CPA 12/14/23 P01329619 Paid Firm's name GREENWALT CPAS, INC. 35-1489521 Preparer Firm's EIN

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT 3 CONTINUATION

5342 WEST VERMONT STREET

INDIANAPOLIS, IN 46224

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

Form 990 (2022)

X Yes

Phone no.317-241-2999

Firm's address

Use Only

| Pai | 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   | Briefl  | y describe the organization's mission:   |                      |                        |
|     | THE     | MISSION OF MUSIC FOR ALL IS TO CREATE, PROVIDE AND EXPAND  |                      |                        |
|     | POSI    | TIVELY LIFE-CHANGING EXPERIENCES THROUGH MUSIC.  |                      |                        |
|     | THE     | VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY   |                      |                        |
| 2   |         | ne organization undertake any significant program services during the year which were not listed on        | the                  |                        |
| _   |         | Form 990 or 990-EZ?  |                      | Yes X No               |
|     |         | s," describe these new services on Schedule O.   |                      |                        |
| 3   |         | ne organization cease conducting, or make significant changes in how it conducts, any program ser          | vices?               | Yes X No               |
|     |         | s," describe these changes on Schedule O.  |                      |                        |
| 4   |         | ribe the organization's program service accomplishments for each of its three largest program service      | ces, as measured     | by expenses.           |
|     | Section | on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations       | to others, the total | expenses, and          |
|     | reven   | ue, if any, for each program service reported.   | ·                    |                        |
| 4a  | (Code:  | ) (Expenses \$ 5 ,504 ,472 . including grants of \$  | ) (Revenue \$        | 4,795,241.             |
|     | FALL    | FESTIVAL SEASON MUSIC FOR ALL'S BANDS OF AMERICA (BOA) MARCHING  |                      | _                      |
|     | BAND    | CHAMPIONSHIPS ARE THE PREMIER EVENTS FOR MARCHING BAND IN THE  |                      |                        |
|     |         | ON. BOA'S MARCHING BAND SHOWS OFFER POSITIVELY LIFE-CHANGING   |                      |                        |
|     |         | RIENCES FOR THE STUDENTS, TEACHERS, AND PARENTS OF BANDS WHO   |                      |                        |
|     | PART    | ICIPATE, AS WELL AS FANS AND SPECTATORS.   |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     | ,       | 760 201  |                      | 2 004 062 \            |
| 4b  |         | ) (Expenses \$ 768,201. including grants of \$ D NATIONALS MUSIC FOR ALL'S BANDS OF AMERICA GRAND NATIONAL | ) (Revenue \$        | 2,084,863.             |
|     |         | PIONSHIPS IS AMERICA'S PREMIERE NATIONAL MARCHING BAND EVENT. FIRST  |                      |                        |
|     |         | FOREMOST, GRAND NATIONALS IS AN EDUCATIONAL PERFORMANCE  |                      |                        |
|     |         | RTUNITY. GRAND NATIONALS IS ALSO A SPECTACULAR MUSIC AND PAGEANTRY   |                      |                        |
|     |         | T, ONE THAT BAND FANS FROM ACROSS THE NATION AND AROUND THE WORLD  |                      |                        |
|     |         | EL TO FOR EXCITING AND CREATIVE PERFORMANCES.  |                      |                        |
|     |         | 22 TO TON BROTTING IND CAMILLY LINE CAMINGOD,  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
| 4c  | (Code:  | ) (Expenses \$   | ) (Revenue \$        | 906,623.)              |
|     | SUMM    | ER SYMPOSIUM ONLY AT THE MUSIC FOR ALL SUMMER SYMPOSIUM WILL YOU   |                      | ,                      |
|     | EXPE    | RIENCE THE MOST-INTENSIVE, NON-STOP, MAKE-YOU-BETTER APPROACH TO   |                      |                        |
|     | MUSI    | CIANSHIP, PERFORMANCE EXCELLENCE, AND STUDENT LEADERSHIP   |                      |                        |
|     | DEVE    | LOPMENT, IT'S THE LEADING SUMMER CAMP FOR MIDDLE AND HIGH SCHOOL   |                      |                        |
|     | BAND    | STUDENTS AND BAND DIRECTORS, BROUGHT TO YOU BY MUSIC FOR ALL.  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
|     |         |  |                      |                        |
| 4d  | Other   | r program services (Describe on Schedule O.)   |                      |                        |
|     | (Expen  |  | 25,0                 | 036.)                  |
| 4e  | Total   | program service expenses 7,074,254.  |                      | - 000                  |
|     |         |  |                      | Form <b>990</b> (2022) |

36-3413042

# Form 990 (2022) MUSIC FOR ALL, INC. Part IV Checklist of Required Schedules

|         |   |     | Yes | No       |
|---------|---|-----|-----|----------|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |          |
|         | If "Yes," complete Schedule A   | 1   | Х   |          |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х   |          |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |          |
|         | public office? If "Yes," complete Schedule C, Part I  | 3   |     | Х        |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |          |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | Х        |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     |          |
|         | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | Х        |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     |          |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X        |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |          |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | Х        |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     |          |
|         | Schedule D, Part III  | 8   |     | Х        |
| 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   |     | Х        |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |     |     |          |
|         | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     | Х        |
| 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 |     | Х        |
| 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   | v        |
| 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 |     | Х        |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     |          |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  | 44. |     | x        |
| 45      | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b |     |          |
| 15      |   | 45  |     | x        |
| 40      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     |          |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 40  |     | x        |
| 47      | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     |          |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 47  |     | x        |
| 10      | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  |     | <u> </u> |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 40  |     | x        |
| 40      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     |          |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 4.0 |     | x        |
| 00-     | complete Schedule G, Part III   | 19  |     | X        |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     |          |
| b<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     | $\vdash$ |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |     | x        |
|         | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II   | 21  | l   | A        |

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|             | · (continued)  |      | V   | NI.      |
|-------------|--|------|-----|----------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      | Yes | No       |
| 22          |  | 22   |     | х        |
| 23          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current   |      |     |          |
| 20          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |      |     |          |
|             | ,  | 23   | х   |          |
| 24 2        | Schedule J   | 23   |     |          |
| <b>24</b> a | last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete  |      |     | 1        |
|             |  | 24a  |     | х        |
| h           | Schedule K. If "No," go to line 25a  | 24b  |     |          |
|             | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                          | 240  |     |          |
| C           |  | 24c  |     | 1        |
| ٨           | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |          |
|             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 24u  |     |          |
| ZJa         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |     | Х        |
| h           | , , ,  | 25a  |     |          |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete |      |     | 1        |
|             |  | OEL  |     | Х        |
| 26          | Schedule L, Part I   | 25b  |     | -22      |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |      |     |          |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |      |     | х        |
| ~~          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26   |     |          |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |      |     | 1        |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |      |     | v        |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |     | Х        |
| 28          | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |      |     |          |
|             | instructions for applicable filing thresholds, conditions, and exceptions):  |      |     |          |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |      |     |          |
| _           | "Yes," complete Schedule L, Part IV  | 28a  |     | X        |
|             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |     | Х        |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |      |     |          |
|             | "Yes," complete Schedule L, Part IV  | 28c  | 77  | Х        |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   | Х   |          |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |     |          |
|             | contributions? If "Yes," complete Schedule M   | 30   |     | X        |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31   |     | Х        |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |     | l        |
|             | Schedule N, Part II  | 32   |     | X        |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |     | l        |
|             | 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  |      |     | 1        |
|             | Part V, line 1   | 34   | X   | <b>—</b> |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  | Х   |          |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |      |     |          |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b  |     | Х        |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |      |     |          |
|             | If "Yes," complete Schedule R, Part V, line 2  | 36   |     | Х        |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |      |     |          |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |     | X        |
| 38          | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |      |     |          |
| Da          | Note: All Form 990 filers are required to complete Schedule O  | 38   | X   |          |
| Pa          |  |      |     |          |
|             | Check if Schedule O contains a response or note to any line in this Part V   |      |     |          |
|             |  |      | Yes | No       |
| 1a          | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 291  | -    |     |          |
| b           | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | -    |     |          |
| С           | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |      | ,,  |          |
|             | (gamhling) winnings to prize winners?  | 1 10 | . х |          |

| Form 990 | (2022) | MUSIC FOR ALL, INC.                                     | 36-3413042  |
|----------|--------|---|-------------|
| Part V   | Sta    | Itements 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   |          |        |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Х      |    |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За       |        | Х  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b       |        |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |        |    |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |        | Х  |
| b   | If "Yes," enter the name of the foreign country  |          |        |    |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |        |    |
| 5а  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |        | Х  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |        | Х  |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с       |        |    |
| 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       |        | Х  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |        |    |
|     | were not tax deductible?   | 6b       |        |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |          |        |    |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |        | Х  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |        |    |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |        |    |
|     | to file Form 8282?   | 7c       |        | Х  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |          |        |    |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |        | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       | NT / 3 | Х  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       | N/A    |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       | N/A    |    |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A   |          |        |    |
| _   | ependoning organization has a street control of the street control | 8        |        |    |
| 9   | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A   | 0-       |        |    |
| a   | 7  | 9a<br>9b |        |    |
| 10  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A  Section 501(c)(7) organizations. Enter:  | 90       |        |    |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 N/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.)  |          |        |    |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |        |    |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |        |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |        |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state? N/A   | 13a      |        |    |
|     | Note: See the instructions for additional information the organization must report on Schedule O.  |          |        |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |        |    |
|     | organization is licensed to issue qualified health plans   |          |        |    |
| С   | Enter the amount of reserves on hand   |          |        |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |        | Х  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b      |        |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |          |        |    |
|     | excess parachute payment(s) during the year?   | 15       |        | Х  |
|     | If "Yes," see the 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       |        | Х  |
|     | If "Yes," complete Form 4720, Schedule O.  |          |        |    |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |          |        |    |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A  | 17       |        |    |
|     | If "Yes," complete Form 6069.  |          |        |    |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI  |         |         | X       |
|-----|--|---------|---------|---------|
| Sec | tion A. Governing Body and Management  |         |         |         |
|     |  |         | Yes     | No      |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 22   |         |         |         |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |         |         |         |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |         |         |         |
| b   | Enter the number of voting members included on line 1a, above, who are independent 22  |         |         |         |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |         |         |
| _   | officer, director, trustee, or key employee?   | 2       |         | х       |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |         |         |
| •   | of officers, directors, trustees, or key employees to a management company or other person?  | 3       |         | х       |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |         | X       |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |         | X       |
|     |  | 6       |         | X       |
| 6   | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0       |         |         |
| 7a  |  | 7-      |         | х       |
|     | more members of the governing body?  | 7a      |         |         |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |         | х       |
| •   | persons other than the governing body?   | 7b      |         |         |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                  | _       | 37      |         |
| a   | The governing body?  | 8a      | X       |         |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b      | Х       |         |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | _       |         | 17      |
| 800 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9       |         | Х       |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |         |         |         |
|     |  |         | Yes     | No<br>X |
|     | Did the organization have local chapters, branches, or affiliates?   | 10a     |         | Α       |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |         |         |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |         |         |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | Х       |         |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |         |         |         |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | X       |         |
| 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   |         |         |         |
|     | on 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 on Schedule O. See instructions.   |         |         |         |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |         |         |
|     | taxable entity during the year?  | 16a     |         | Х       |
| 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 filedIN, IL   |         |         |         |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s                                   | only) a | availat | ole     |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |         |         |         |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)   |         |         |         |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                                    | financ  | cial    |         |
|     | statements available to the public during the tax year.  |         |         |         |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records   |         |         |         |
|     | DAVID ELLIS - 317-636-2263   |         |         |         |
|     | 39 WEST JACKSON PLACE ST. #150, INDIANAPOLIS, IN 46225   |         |         |         |

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A)<br>Name and title      | (B) Average hours per week | box | (C) sition k more than one person is both an director/trustee) |        |   | (D)  Reportable compensation from             | (E) Reportable compensation from related                                 | (F) Estimated amount of other |         |
|----------------------------|----------------------------|-----|--|--------|---|---|--|-------------------------------|---------|
|                            | (list any                  |     | Highest compensated employee                                   | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |                               |         |
| (1) JEREMY L. ERNHART      | 40.00                      |     |  |        |   |   |  |                               |         |
| PRESIDENT AND CEO          |                            |     | Х  |        |   |   | 238,539.   | 0.                            | 20,291. |
| (2) ROBIN L. CLENDENING    | 40.00                      |     |  |        |   |   |  |                               |         |
| CFO                        |                            |     | Х  |        |   |   | 161,482.   | 0.                            | 2,228.  |
| (3) DEBBIE LAFERTY ASBILL  | 40.00                      |     |  |        |   |   |  |                               |         |
| EXEC VP, MRKT & COMMUICATI |                            |     | Х  |        |   |   | 143,184.   | 0.                            | 18,337. |
| (4) CORNELIUS J. LARRIVEE  | 40.00                      |     |  |        |   |   |  |                               |         |
| VP OF MISSION ADVANCEMENT  |                            |     | Х  |        |   |   | 119,633.   | 0.                            | 4,161.  |
| (5) GAYL DOSTER            | 7.00                       |     |  |        |   |   |  |                               |         |
| IMMEDIATE PAST CHAIRMAN    |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (6) DOUG PILERI            | 4.00                       |     |  |        |   |   |  |                               |         |
| CHAIRMAN                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (7) DAVID SIMONS           | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (8) SAMUEL HODSON          | 2.50                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (9) ANMOL MEHRA            | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (10) ANDELIZ CASTILLO      | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (11) GARRETT SCHARTON      | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (12) GARTH GILMAN          | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (13) RICHARD FLOYD         | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (14) STEPHEN MARSHALL      | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (15) HERMAN KNOLL          | 1.00                       | ]   |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (16) ANTHONY TANG          | 1.00                       |     |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |
| (17) BARRY MORGAN          | 1.00                       | ]   |  |        |   |   |  |                               |         |
| DIRECTOR                   |                            | Х   |  |        |   |   | 0.   | 0.                            | 0.      |

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| Form 990 (2022) MUSIC FOR AI  | L, INC.  |      |                  |        |                         |        |            |  | 36-341304   | 2 Page <b>8</b>  |
|---|--|------|------------------|--------|-------------------------|--------|------------|--|---|--|
| Part VII   Section A. Officers, Directors, Trus                                 | stees, Key Em  | oloy | ees,             | and    | l Hiç                   | ghes   | t Co       | ompensated Employee  | s (continued)   |  |
| (A)   | (B)  |      |                  |        |                         | (E)    | (F)        |  |   |  |
| Name and title  | Average hours per week (list any hours for related organizations below line) | box  | not cless cer an | ss per | more<br>son i<br>irecto | than o | an<br>tee) | Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | Estimated amount of other compensation from the organization and related organizations |
| (18) AYATAY SHABAZZ   | 1,00   | =    | =                | 0      | ¥                       | Ξ 0    | 4          |  |   |  |
| DIRECTOR  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (19) MICHAEL BOGERS   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (20) RODNEY DORSEY  | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (21) ANNIE MARTINEZ   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (22) BOB MORRISON   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (23) JOHN M POLLARD   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (24) DAVID GOLDEN   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| VICE PRESIDENT  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (25) SAM LAURIN   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| (26) RICHARD C. CRAIN   | 1.00   |      |                  |        |                         |        |            |  |   |  |
| DIRECTOR  |  | Х    |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| 1b Subtotal   |  |      |                  |        |                         |        |            | 662,838.   | 0.  | 45,017.  |
| c Total from continuation sheets to Part V                                      | II, Section A  |      |                  |        |                         |        |            | 0.   | 0.  | 0.   |
| d Total (add lines 1b and 1c)   |  |      |                  |        |                         |        |            | 662,838.   | 0.  | 45,017.  |
| 2 Total number of individuals (including but compensation from the organization | not limited to th  | ose  | liste            | d ab   | ove                     | ) wh   | o re       | ceived more than \$100,  | 000 of reportable   | 4  |

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| Na                         | (A)<br>ame and business address | NONE | <b>(B)</b> Description of services | (C)<br>Compensation |
|----------------------------|---------------------------------|------|------------------------------------|---------------------|
|                            |                                 |      |                                    |                     |
|                            |                                 |      |                                    |                     |
|                            |                                 |      |                                    |                     |
|                            |                                 |      |                                    |                     |
|                            |                                 |      |                                    |                     |
| 2 Total number of independ |                                 |      |                                    |                     |

Form **990** (2022)

\$100,000 of compensation from the organization

| Form   | 99   | 0 (2     | 2022) MUSIC FOR ALL, INC  | •                  |                      |  | 36-341304                            | 2 Page <b>9</b>   |
|--|------|----------|---|--------------------|----------------------|--|--------------------------------------|---|
| Pa   | rt V | <b>/</b> | Statement of Revenue  |                    |                      |  |                                      |   |
|  |      |          | Check if Schedule O contains a response                               | or note to any lin |                      |  |                                      |   |
|  |      |          |   |                    | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | ( <b>D</b> ) Revenue excluded from tax under sections 512 - 514 |
| SΩ   | 1    | a        | Federated campaigns 1a  |                    |                      |  |                                      |   |
| ant  | -    |          | Membership dues 1b  |                    |                      |  |                                      |   |
| Ω, E   |      |          | Fundraising events 1c   |                    |                      |  |                                      |   |
| ifts<br>ar A   |      |          | Related organizations 1d  |                    |                      |  |                                      |   |
| s,<br>mik  |      |          | Government grants (contributions) 1e                                  | 1,306,964.         |                      |  |                                      |   |
| ion  |      |          | All other contributions, gifts, grants, and                           |                    |                      |  |                                      |   |
| but<br>the   |      |          | similar amounts not included above 1f                                 | 180,589.           |                      |  |                                      |   |
| Contributions, Gifts, Grants and Other Similar Amounts |      | g        | Noncash contributions included in lines 1a-1f 1g \$                   | 29,200.            |                      |  |                                      |   |
| <u>လ</u><br>ရ  |      | h        | Total. Add lines 1a-1f  |                    | 1,487,553.           |  |                                      |   |
|  |      |          |   | Business Code      |                      |  |                                      |   |
| çe   | 2    | а        | TICKET FEES   | 711190             | 5,136,499.           | 5,136,499.                             |                                      |   |
| e Ķ  |      | b        | EVENT FEES  | 711190             | 1,539,856.           | 1,539,856.                             |                                      |   |
| n Si   |      | С        | COMMISSIONS   | 711190             | 955,862.             | 955,862.                               |                                      | 450 546   |
| Program Service<br>Revenue                             |      | d        | HOUSING AND MEAL FEES   | 711190             | 179,546.             |  |                                      | 179,546.  |
| roç  |      | e        | <del></del>   |                    |                      |  |                                      |   |
| ш  |      |          | All other program service revenue                                     |                    | 7,811,763.           |  |                                      |   |
|  | 3    |          | Total. Add lines 2a-2f  Investment income (including dividends, inter |                    | 7,011,703.           |  |                                      |   |
|  | 3    |          |   |                    | 156,096.             |  |                                      | 156,096.  |
|  | 4    |          | Income from investment of tax-exempt bond                             |                    |                      |  |                                      |   |
|  | 5    |          | Royalties   | procedus           |                      |  |                                      |   |
|  |      |          | (i) Real  | (ii) Personal      |                      |  |                                      |   |
|  | 6    | а        | Gross rents 6a  |                    |                      |  |                                      |   |
|  |      | b        | Less: rental expenses 6b  |                    |                      |  |                                      |   |
|  |      | С        | Rental income or (loss) 6c  |                    |                      |  |                                      |   |
|  |      | d        | Net rental income or (loss)   |                    |                      |  |                                      |   |
|  | 7    | а        | Gross amount from sales of (i) Securities                             | (ii) Other         |                      |  |                                      |   |
|  |      |          | assets other than inventory 7a 50,000                                 | •                  |                      |  |                                      |   |
|  |      | b        | Less: cost or other basis   |                    |                      |  |                                      |   |
| evenue   |      |          | and sales expenses 7b 49,803  |                    |                      |  |                                      |   |
| eve  |      |          | Gain or (loss)  |                    | 197.                 |  |                                      | 197.  |
| r<br>R   | _    |          | Net gain or (loss)  |                    | 137.                 |  |                                      | 197.  |
| Other  | 8    | а        | Gross income from fundraising events (not including \$ of             |                    |                      |  |                                      |   |
| O  |      |          | including \$ of contributions reported on line 1c). See               |                    |                      |  |                                      |   |
|  |      |          | Part IV, line 18  |                    |                      |  |                                      |   |
|  |      | b        | Less: direct expenses   |                    |                      |  |                                      |   |
|  |      |          | Net income or (loss) from fundraising events                          |                    |                      |  |                                      |   |
|  |      |          | Gross income from gaming activities. See                              |                    |                      |  |                                      |   |
|  |      |          | Part IV, line 19  | a                  |                      |  |                                      |   |
|  |      | b        | Less: direct expenses 9   | <b>o</b>           |                      |  |                                      |   |
|  |      | С        | Net income or (loss) from gaming activities                           |                    |                      |  |                                      |   |
|  | 10   | а        | Gross sales of inventory, less returns                                |                    |                      |  |                                      |   |
|  |      |          | and allowances 10   | _                  |                      |  |                                      |   |
|  |      |          | Less: cost of goods sold 10   | <b>b</b> 29,902.   | 0.55                 | 0.77                                   |                                      |   |
|  |      | С        | Net income or (loss) from sales of inventory                          | Dusiness Code      | -277.                | -277.                                  |                                      |   |
| SL   |      |          | CDONCODCUID DEVENUE   | Business Code      | 017 040              |  |                                      | 017 040   |
| ieot<br>ue   | 11   |          | SPONSORSHIP REVENUE MISCELLANEOUS REVENUE                             | 541800<br>900099   | 817,840.<br>12,254.  | 12,254.                                |                                      | 817,840.  |
| Miscellaneous<br>Revenue                               |      |          | TEADULE VENERAL   | ,,,,,              | 12,234.              | 12,234.                                |                                      |   |
| Sce  |      | q        | All other revenue   |                    |                      |  |                                      |   |
| Σ  |      |          | Total. Add lines 11a-11d  |                    | 830,094.             |  |                                      |   |
|  | 12   |          | Total rayanua Sae instructions  |                    | 10 285 426.          | 7 644 194.                             | 0.                                   | 1 153 679.  |

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36-3413042

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 497,886. trustees, and key employees ..... 672,022. 113,827 60,309. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,918,215. 1,421,160. 324,908. 172,147. 7 Pension plan accruals and contributions (include 11,497 section 401(k) and 403(b) employer contributions) 57,485 43,804. 2,184. 318,083 241,358, 62,796. 13,929. Other employee benefits 9 182,619. 130,088 34,143 18,388. 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 66,045 66,045 Advertising and promotion 12 156,098. 116,180. 35,912. 4,006. 13 Office expenses 297,931 227,424, 58,917. 11,590. Information technology 14 13,841. 13,841. Royalties 15 2,577. 41,068 24,927. 13,564 16 Occupancy 2,375. 1,170,979. 1,156,103 12,501. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 22,645 17,256 4,529 860. Depreciation, depletion, and amortization ..... 22 87,545 66,710 17,509 3,326. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),

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Check here

С

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25

amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

CONTRACTED SERVICES

CLINICIANS AND JUDGES F

PARTICIPANT HOUSING AND

FACILITY RENTAL

All other expenses

13531214 765919 BOA12.TAX

1,020,707.

778,204

398,494.

298,862.

600,040

8,100,883

1,004,304.

778,204.

398,494.

298,862.

571,608

7,074,254

12,218

23,999

726,320

4,185.

4,433.

300,309.

# Form 990 (2022) Part X Balance Sheet

| Pai                         | τX | Balance Sneet                                      |                                       |                       |                       |          |                 |
|-----------------------------|----|--|---------------------------------------|-----------------------|-----------------------|----------|-----------------|
|                             |    | Check if Schedule O contains a response or r       | ote to an                             | y line in this Part X | (A) Beginning of year |          | (B) End of year |
|                             | 1  | Cash - non-interest-bearing                        |                                       |                       | 9,082,912.            | 1        | 6,303,847.      |
|                             | 2  | Savings and temporary cash investments             |                                       |                       | 49,991.               | 2        | 648,150.        |
|                             | 3  | Pledges and grants receivable, net                 | · · · · · · · · · · · · · · · · · · · | 3                     | ,                     |          |                 |
|                             | 4  | Accounts receivable, net                           |                                       | 1                     | 258,965.              | 4        | 180,644.        |
|                             | 5  | Loans and other receivables from any current       |                                       |                       | •                     |          | ,               |
|                             |    | trustee, key employee, creator or founder, sul     |                                       |                       |                       |          |                 |
|                             |    | controlled entity or family member of any of the   |                                       |                       |                       | 5        |                 |
|                             | 6  | Loans and other receivables from other disqu       | •                                     |                       |                       |          |                 |
|                             | _  | under section 4958(f)(1)), and persons describ     | •                                     | ,                     |                       | 6        |                 |
| G                           | 7  | Notes and loans receivable, net                    |                                       |                       |                       | 7        |                 |
| Assets                      | 8  | Inventories for sale or use                        |                                       |                       |                       | 8        |                 |
| As                          | 9  | Duran alid assessment and defermed all assessment  |                                       |                       | 154,226.              | 9        | 264,620.        |
|                             |    | Land, buildings, and equipment: cost or other      |                                       |                       | ·                     |          |                 |
|                             |    | basis. Complete Part VI of Schedule D              | l l                                   | 1,220,946.            |                       |          |                 |
|                             | b  |  | l l                                   | 1,143,764.            | 98,049.               | 10c      | 77,182.         |
|                             | 11 | Investments - publicly traded securities           | 0.                                    | 11                    | 4,894,076.            |          |                 |
|                             | 12 | Investments - other securities. See Part IV, lin   |                                       |                       |                       | 12       | , ,             |
|                             | 13 | Investments - program-related. See Part IV, lir    |                                       | 13                    |                       |          |                 |
|                             | 14 | Intangible assets                                  | 20,000.                               | 14                    | 20,000.               |          |                 |
|                             | 15 | Other assets. See Part IV, line 11                 | 137,712.                              | 15                    | 178,146.              |          |                 |
|                             | 16 | Total assets. Add lines 1 through 15 (must e       | 9,801,855.                            | 16                    | 12,566,665.           |          |                 |
|                             | 17 | Accounts payable and accrued expenses              |                                       |                       | 462,067.              | 17       | 535,460.        |
|                             | 18 | Grants payable                                     |                                       | 18                    |                       |          |                 |
|                             | 19 | Deferred revenue                                   | 1,818,591.                            | 19                    | 2,211,370.            |          |                 |
|                             | 20 | Tax-exempt bond liabilities                        |                                       | 20                    |                       |          |                 |
|                             | 21 | Escrow or custodial account liability. Complet     |                                       | 21                    |                       |          |                 |
| S                           | 22 | Loans and other payables to any current or fo      |                                       |                       |                       |          |                 |
| Liabilities                 |    | trustee, key employee, creator or founder, sul     |                                       |                       |                       |          |                 |
| lige                        |    | controlled entity or family member of any of the   |                                       | 22                    |                       |          |                 |
| Ë                           | 23 | Secured mortgages and notes payable to unr         |                                       | 23                    |                       |          |                 |
|                             | 24 | Unsecured notes and loans payable to unrela        |                                       | 24                    |                       |          |                 |
|                             | 25 | Other liabilities (including federal income tax,   |                                       |                       |                       |          |                 |
|                             |    | parties, and other liabilities not included on lir |                                       |                       |                       |          |                 |
|                             |    | of Schedule D                                      | 26,410.                               | 25                    | 71,211.               |          |                 |
|                             | 26 | Total liabilities. Add lines 17 through 25         |                                       |                       | 2,307,068.            | 26       | 2,818,041.      |
|                             |    | Organizations that follow FASB ASC 958, c          | heck her                              | e X                   |                       |          |                 |
| Ses                         |    | and complete lines 27, 28, 32, and 33.             |                                       |                       |                       |          |                 |
| anc                         | 27 | Net assets without donor restrictions              |                                       |                       | 7,361,172.            | 27       | 9,603,657.      |
| Bal                         | 28 | Net assets with donor restrictions                 |                                       | 133,615.              | 28                    | 144,967. |                 |
| <u>l</u>                    |    | Organizations that do not follow FASB ASC          |                                       |                       |                       |          |                 |
| F                           |    | and complete lines 29 through 33.                  |                                       |                       |                       |          |                 |
| 5 0                         | 29 | Capital stock or trust principal, or current fund  | ds                                    |                       |                       | 29       |                 |
| set                         | 30 | Paid-in or capital surplus, or land, building, or  |                                       |                       |                       | 30       |                 |
| As                          | 31 | Retained earnings, endowment, accumulated          | income,                               | or other funds        |                       | 31       |                 |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances                  |                                       |                       | 7,494,787.            | 32       | 9,748,624.      |
|                             | 33 | Total liabilities and net assets/fund balances     |                                       |                       | 9,801,855.            | 33       | 12,566,665.     |

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Form 990 (2022)

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

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

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

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

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

232012 12-13-22

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MUSIC FOR ALL INC

**Employer identification number** 

36-3413042 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

| Sec  | ction A. Public Support                              |                       |                     |                        |                      |                     |                 |
|------|--|-----------------------|---------------------|------------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)              | (a) 2018              | <b>(b)</b> 2019     | (c) 2020               | (d) 2021             | (e) 2022            | (f) Total       |
| 1    | Gifts, grants, contributions, and                    |                       |                     |                        |                      |                     |                 |
|      | membership fees received. (Do not                    |                       |                     |                        |                      |                     |                 |
|      | include any "unusual grants.")                       |                       |                     |                        |                      |                     |                 |
| 2    | Tax revenues levied for the organ-                   |                       |                     |                        |                      |                     |                 |
|      | ization's benefit and either paid to                 |                       |                     |                        |                      |                     |                 |
|      | or expended on its behalf                            |                       |                     |                        |                      |                     |                 |
| 3    | The value of services or facilities                  |                       |                     |                        |                      |                     |                 |
|      | furnished by a governmental unit to                  |                       |                     |                        |                      |                     |                 |
|      | the organization without charge                      |                       |                     |                        |                      |                     |                 |
| 4    | Total. Add lines 1 through 3                         |                       |                     |                        |                      |                     |                 |
| 5    | The portion of total contributions                   |                       |                     |                        |                      |                     |                 |
|      | by each person (other than a                         |                       |                     |                        |                      |                     |                 |
|      | governmental unit or publicly                        |                       |                     |                        |                      |                     |                 |
|      | supported organization) included                     |                       |                     |                        |                      |                     |                 |
|      | on line 1 that exceeds 2% of the                     |                       |                     |                        |                      |                     |                 |
|      | amount shown on line 11,                             |                       |                     |                        |                      |                     |                 |
|      | column (f)   |                       |                     |                        |                      |                     |                 |
| 6    | Public support. Subtract line 5 from line 4.         |                       |                     |                        |                      |                     |                 |
| Sec  | ction B. Total Support                               |                       |                     |                        |                      |                     |                 |
| Cale | ndar year (or fiscal year beginning in)              | (a) 2018              | <b>(b)</b> 2019     | (c) 2020               | (d) 2021             | (e) 2022            | (f) Total       |
| 7    | Amounts from line 4                                  |                       |                     |                        |                      |                     |                 |
| 8    | Gross income from interest,                          |                       |                     |                        |                      |                     |                 |
|      | dividends, payments received on                      |                       |                     |                        |                      |                     |                 |
|      | securities loans, rents, royalties,                  |                       |                     |                        |                      |                     |                 |
|      | and income from similar sources                      |                       |                     |                        |                      |                     |                 |
| 9    | Net income from unrelated business                   |                       |                     |                        |                      |                     |                 |
|      | activities, whether or not the                       |                       |                     |                        |                      |                     |                 |
|      | business is regularly carried on                     |                       |                     |                        |                      |                     |                 |
| 10   | Other income. Do not include gain                    |                       |                     |                        |                      |                     |                 |
|      | or loss from the sale of capital                     |                       |                     |                        |                      |                     |                 |
|      | assets (Explain in Part VI.)                         |                       |                     |                        |                      |                     |                 |
| 11   | <b>Total support.</b> Add lines 7 through 10         |                       |                     |                        |                      |                     |                 |
| 12   | Gross receipts from related activities,              | etc. (see instruction | ons)                |                        |                      | 12                  |                 |
| 13   | First 5 years. If the Form 990 is for the            | ne organization's fi  | rst, second, third, | fourth, or fifth tax y | year as a section 5  | 01(c)(3)            |                 |
|      | organization, check this box and stor                |                       |                     |                        |                      |                     |                 |
|      | ction C. Computation of Publi                        |                       |                     |                        |                      |                     |                 |
|      | Public support percentage for 2022 (I                |                       |                     | column (f))            |                      | 14                  | <u>%</u>        |
|      | Public support percentage from 2021                  | •                     |                     |                        |                      | 15                  | %               |
| 16a  | 33 1/3% support test - 2022. If the c                | -                     |                     |                        | 14 is 33 1/3% or m   | ore, check this box | k and           |
|      | stop here. The organization qualifies                |                       | •                   |                        |                      |                     |                 |
| b    | 33 1/3% support test - 2021. If the constitution was |                       |                     |                        |                      |                     |                 |
| 47.  | and <b>stop here.</b> The organization qual          |                       |                     |                        | 40.4040              |                     |                 |
| 17a  | 10% -facts-and-circumstances test                    |                       |                     |                        |                      |                     |                 |
|      | and if the organization meets the fact               |                       | •                   | -                      |                      | · ·                 |                 |
|      | meets the facts-and-circumstances te                 | -                     |                     |                        | -                    | 7                   |                 |
| b    | 10% -facts-and-circumstances test                    |                       |                     |                        |                      |                     | 10% Or          |
|      | more, and if the organization meets the              |                       |                     |                        | -                    |                     |                 |
| 10   | organization meets the facts-and-circu               |                       | -                   | •                      | • • • •              |                     | H               |
| 18   | Private foundation. If the organization              | п ии пот спеск а      | DUX UH IIITE 13, 16 | a, 100, 17a, or 17b    | o, check this box al |                     | (Form 990) 2022 |
|      |  |                       |                     |                        |                      | Juliedule A         | 2001 2022       |

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

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

| Sed        | ction A. Public Support  |                      |                      |                       |                     |                      |             |
|------------|--|----------------------|----------------------|-----------------------|---------------------|----------------------|-------------|
| Cale       | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018      | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total   |
|            | Gifts, grants, contributions, and  |                      |                      |                       |                     |                      |             |
|            | membership fees received. (Do not  |                      |                      |                       |                     |                      |             |
|            | include any "unusual grants.")   | 384,479.             | 312,941.             | 1,156,503.            | 5,779,187.          | 1,487,553.           | 9,120,663.  |
| 2          | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | 7,255,422.           | 7,706,865.           | 1,443,593.            | 8,097,429.          | 8,479,691.           | 32,983,000. |
| 3          | Gross receipts from activities that  |                      |                      |                       |                     |                      |             |
|            | are not an unrelated trade or bus-   |                      |                      |                       |                     |                      |             |
|            | iness under section 513  | 2,409,838.           | 2,144,114.           | 635,703.              | 340,238.            | 191,800.             | 5,721,693.  |
| 4          | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                      |                      |                       |                     |                      |             |
| 5          | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                      |                       |                     |                      |             |
| 6          | Total. Add lines 1 through 5   | 10,049,739.          | 10,163,920.          | 3,235,799.            | 14,216,854.         | 10,159,044.          | 47,825,356. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                      |                      |                       |                     |                      | 0.          |
| 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.          |
| 8          | Public support. (Subtract line 7c from line 6.)  |                      |                      |                       |                     |                      | 47,825,356. |
| Sec        | ction B. Total Support   |                      |                      |                       |                     |                      |             |
|            | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018      | <b>(b)</b> 2019      | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total   |
|            | Amounts from line 6  | 10,049,739.          | 10,163,920.          | 3,235,799.            | 14,216,854.         | 10,159,044.          | 47,825,356. |
| 10a        | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   | 30,307.              | 29,729.              | 11,850.               | 744.                | 156,096.             | 228,726.    |
| b          | Unrelated business taxable income  |                      |                      |                       |                     |                      |             |
|            | (less section 511 taxes) from businesses   |                      |                      |                       |                     |                      |             |
|            | acquired after June 30, 1975   | 33,797.              | 29,810.              |                       |                     |                      | 63,607.     |
|            | Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                                     | 64,104.              | 59,539.              | 11,850.               | 744.                | 156,096.             | 292,333.    |
| 12         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                      |                      |                       |                     |                      |             |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)   | 10,113,843.          | 10,223,459.          | 3,247,649.            | 14,217,598.         | 10,315,140.          | 48,117,689. |
| 14         | First 5 years. If the Form 990 is for the  | e organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 50 | 01(c)(3) organizatio | n,          |
|            | check this box and stop here   |                      |                      |                       |                     |                      |             |
|            | ction C. Computation of Publi  |                      |                      |                       |                     |                      |             |
|            | Public support percentage for 2022 (li   | , (,,                | , ,                  | olumn (f))            |                     | 15                   | 99.39 %     |
| _          | Public support percentage from 2021  |                      |                      |                       |                     | 16                   | 99.62 %     |
|            | ction D. Computation of Inves  |                      |                      |                       |                     |                      | <u></u>     |
|            | Investment income percentage for 20  |                      |                      |                       |                     | 17                   | .61 %       |
|            | Investment income percentage from 2  |                      |                      |                       |                     | 18                   | .38 %       |
| 19a        | 33 1/3% support tests - 2022. If the   |                      |                      |                       |                     |                      |             |
| b          | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the  |                      |                      |                       |                     |                      | nd X        |
|            | line 18 is not more than 33 1/3%, che  |                      |                      | •                     |                     | ŭ                    |             |
| 20         | Drivate foundation If the organization   | n did not chack a k  | ov on line 14 10a    | or 10h chock thi      | ic hav and can inc  | ructions             | 1 1         |

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## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|      | Yes | No |
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| Sche       | edule A (Form 990) 2022 MUSIC FOR ALL, INC.  | 36-3413042           | P   | age <b>5</b> |
|------------|--|----------------------|-----|--------------|
|            | rt IV Supporting Organizations (continued)   |                      |     |              |
|            |  |                      | 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 on lines 11b and   |                      |     |              |
|            | 11c below, the governing body of a supported organization?   | 11a                  |     |              |
| b          | A family member of a person described on line 11a above?   | 11b                  |     |              |
| С          | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |                      |     |              |
|            | detail in Part VI.   | 11c                  |     |              |
| Sec        | tion B. Type I Supporting Organizations  | •                    |     |              |
|            |  |                      | Yes | No           |
| 1          | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or   | ne or                |     |              |
|            | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off  | icers,               |     |              |
|            | 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 support and formal describes the organization of  |                      |     |              |
|            | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | <i>trie</i> <b>1</b> |     |              |
| 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        | stion C. Type II Supporting Organizations  |                      |     |              |
|            | <i>y</i> 11 0 0  |                      | Yes | No           |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |                      | 100 | 110          |
| •          | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |                      |     |              |
|            |  |                      |     |              |
|            | or management of the supporting organization was vested in the same persons that controlled or managed   | 1                    |     |              |
| Sec        | the supported organization(s). 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   |                      | 163 | NO           |
| •          | 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   | 1                    |     |              |
| 0          | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | •                    |     |              |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                      |     |              |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                      |     |              |
| •          | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2                    |     |              |
| 3          | By reason of the relationship described on line 2, above, did the organization's supported organizations have a  |                      |     |              |
|            | significant voice in the organization's investment policies and in directing the use of the organization's   |                      |     |              |
|            | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |                      |     |              |
| <u>Sac</u> | supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations  | 3                    |     |              |
|            |  |                      |     |              |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the control | uctions).            |     |              |
| a          | The organization satisfied the Activities Test. Complete line 2 below.   |                      |     |              |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.  |                      |     |              |
| С          | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.   | ty (see instruction  |     | Γ            |
| 2          | Activities Test. Answer lines 2a and 2b 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          | , , ,  |                      |     |              |
|            | 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.  | 3a                   |     |              |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |                      |     |              |
|            | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  | 3b                   |     |              |

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| Pa   | rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti  | ng Organi       | zations                                |                                |  |  |  |
|------|---|-----------------|--|--------------------------------|--|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. |                 |  |                                |  |  |  |
|      | All other Type III non-functionally integrated supporting organizations mus   |                 | •                                      |                                |  |  |  |
| Sect | ion A - Adjusted Net Income   |                 | (A) Prior Year                         | (B) Current Year<br>(optional) |  |  |  |
| 1    | Net short-term capital gain   | 1               |  |                                |  |  |  |
| 2    | Recoveries of prior-year distributions  | 2               |  |                                |  |  |  |
| 3    | Other gross income (see instructions)   | 3               |  |                                |  |  |  |
| 4    | Add lines 1 through 3.  | 4               |  |                                |  |  |  |
| 5    | Depreciation and depletion  | 5               |  |                                |  |  |  |
| 6    | Portion of operating expenses paid or incurred for production or  |                 |  |                                |  |  |  |
|      | collection of gross income or for management, conservation, or  |                 |  |                                |  |  |  |
|      | maintenance of property held for production of income (see instructions)  | 6               |  |                                |  |  |  |
| 7    | Other expenses (see instructions)   | 7               |  |                                |  |  |  |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8               |  |                                |  |  |  |
| Sect | ion B - Minimum Asset Amount  |                 | (A) Prior Year                         | (B) Current Year<br>(optional) |  |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |                 |  |                                |  |  |  |
|      | instructions for short tax year or assets held for part of year):   |                 |  |                                |  |  |  |
| a    | Average monthly value of securities   | 1a              |  |                                |  |  |  |
| b    | Average monthly cash balances   | 1b              |  |                                |  |  |  |
| С    | 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    | Subtract line 2 from line 1d.   | 3               |  |                                |  |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |                 |  |                                |  |  |  |
|      | see instructions).  | 4               |  |                                |  |  |  |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5               |  |                                |  |  |  |
| 6    | Multiply line 5 by 0.035.   | 6               |  |                                |  |  |  |
| 7    | Recoveries of prior-year distributions  | 7               |  |                                |  |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8               |  |                                |  |  |  |
| Sect | ion C - Distributable Amount  |                 |  | Current Year                   |  |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)   | 1               |  |                                |  |  |  |
| 2    | Enter 0.85 of line 1.   | 2               |  |                                |  |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3               |  |                                |  |  |  |
| 4    | Enter greater of line 2 or line 3.  | 4               |  |                                |  |  |  |
| 5    | Income tax imposed in prior year  | 5               |  |                                |  |  |  |
| 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-functional  | ally integrated | Type III supporting orga               | nization (see                  |  |  |  |
|      | instructions).  | , 5             | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | `                              |  |  |  |

Schedule A (Form 990) 2022

| Par       | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                               |                                |                                  |  |  |  |  |
|-----------|--|-------------------------------|--------------------------------|----------------------------------|--|--|--|--|
| Secti     | on D - Distributions   |                               |                                | Current Year                     |  |  |  |  |
| 1         | Amounts paid to supported organizations to accomplish exe                                  | 1                             |                                |                                  |  |  |  |  |
| 2         | Amounts paid to perform activity that directly furthers exemp                              |                               |                                |                                  |  |  |  |  |
|           | organizations, in excess of income from activity   | 2                             |                                |                                  |  |  |  |  |
| 3         | Administrative expenses paid to accomplish exempt purpose                                  | 3                             |                                |                                  |  |  |  |  |
| 4         | Amounts paid to acquire exempt-use assets  |                               | 4                              |                                  |  |  |  |  |
| _5        | Qualified set-aside amounts (prior IRS approval required - pro                             | ovide details in Part VI)     | 5                              |                                  |  |  |  |  |
| _6        | Other distributions (describe in Part VI). See instructions.                               |                               | 6                              |                                  |  |  |  |  |
| _7_       | Total annual distributions. Add lines 1 through 6.   |                               | 7                              |                                  |  |  |  |  |
| 8         | Distributions to attentive supported organizations to which the                            | ne organization is responsive |                                |                                  |  |  |  |  |
|           | (provide details in Part VI). See instructions.  |                               | 8                              |                                  |  |  |  |  |
| 9         | Distributable amount for 2022 from Section C, line 6                                       |                               | 9                              |                                  |  |  |  |  |
| 10        | Line 8 amount divided by line 9 amount   |                               | 10                             |                                  |  |  |  |  |
|           |  | (i)                           | (ii)                           | (iii)                            |  |  |  |  |
| Secti     | on E - Distribution Allocations (see instructions)   | Excess Distributions          | Underdistributions<br>Pre-2022 | Distributable<br>Amount for 2022 |  |  |  |  |
| 1         | Distributable amount for 2022 from Section C, line 6                                       |                               |                                |                                  |  |  |  |  |
| 2         | Underdistributions, if any, for years prior to 2022 (reason-                               |                               |                                |                                  |  |  |  |  |
|           | able cause required - explain in Part VI). See instructions.                               |                               |                                |                                  |  |  |  |  |
| _3_       | Excess distributions carryover, if any, to 2022  |                               |                                |                                  |  |  |  |  |
| a         | From 2017  |                               |                                |                                  |  |  |  |  |
| b         | From 2018  |                               |                                |                                  |  |  |  |  |
| c         | From 2019  |                               |                                |                                  |  |  |  |  |
| d         | From 2020  |                               |                                |                                  |  |  |  |  |
| e         | From 2021  |                               |                                |                                  |  |  |  |  |
| f_        | Total of lines 3a through 3e   |                               |                                |                                  |  |  |  |  |
| g         | Applied to underdistributions of prior years   |                               |                                |                                  |  |  |  |  |
| <u>h</u>  | Applied to 2022 distributable amount   |                               |                                |                                  |  |  |  |  |
| <u>i</u>  | Carryover from 2017 not applied (see instructions)   |                               |                                |                                  |  |  |  |  |
| <u>j_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                     |                               |                                |                                  |  |  |  |  |
| 4         | Distributions for 2022 from Section D,   |                               |                                |                                  |  |  |  |  |
|           | line 7: \$   |                               |                                |                                  |  |  |  |  |
| <u>a</u>  | Applied to underdistributions of prior years   |                               |                                |                                  |  |  |  |  |
| <u> </u>  | Applied to 2022 distributable amount   |                               |                                |                                  |  |  |  |  |
| <u> </u>  | Remainder. Subtract lines 4a and 4b from line 4.   |                               |                                |                                  |  |  |  |  |
| 5         | Remaining underdistributions for years prior to 2022, if                                   |                               |                                |                                  |  |  |  |  |
|           | any. Subtract lines 3g and 4a from line 2. For result greater                              |                               |                                |                                  |  |  |  |  |
|           | than zero, explain in Part VI. See instructions.   |                               |                                |                                  |  |  |  |  |
| 6         | 6 Remaining underdistributions for 2022. Subtract lines 3h                                 |                               |                                |                                  |  |  |  |  |
|           | and 4b from line 1. For result greater than zero, <i>explain in</i>                        |                               |                                |                                  |  |  |  |  |
|           | Part VI. See instructions.   |                               |                                |                                  |  |  |  |  |
| 7         | Excess distributions carryover to 2023. Add lines 3j                                       |                               |                                |                                  |  |  |  |  |
|           | and 4c.  |                               |                                |                                  |  |  |  |  |
| _8_       | Breakdown of line 7:   |                               |                                |                                  |  |  |  |  |
|           | Excess from 2018   |                               |                                |                                  |  |  |  |  |
|           | Excess from 2019   |                               |                                |                                  |  |  |  |  |
|           | Excess from 2020   |                               |                                |                                  |  |  |  |  |
| <u>a</u>  | Excess from 2021  Excess from 2022   |                               |                                |                                  |  |  |  |  |

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 36-3413042

|     | MUSIC FOR ALL, INC.  |   | 36-3413042                   |                                 |  |  |  |
|-----|--|---|------------------------------|---------------------------------|--|--|--|
| Par | t I Organizations Maintaining Donor Advised  | or Accou                                      | or Accounts. Complete if the |                                 |  |  |  |
|     | organization answered "Yes" on Form 990, Part IV, line   | e 6.  |                              | ·                               |  |  |  |
|     |  | (a) Donor advised funds                       | <b>(b)</b> Fu                | inds and other accounts         |  |  |  |
| 1   | Total number at end of year  |   |                              |                                 |  |  |  |
| 2   | Aggregate value of contributions to (during year)  |   |                              |                                 |  |  |  |
| 3   | Aggregate value of grants from (during year)   |   |                              |                                 |  |  |  |
| 4   | Aggregate value at end of year   |   |                              |                                 |  |  |  |
| 5   | Did the organization inform all donors and donor advisors in w   | uriting that the assets held in donor advis   | ed funds                     |                                 |  |  |  |
| Ū   | are the organization's property, subject to the organization's   |   |                              | Yes No                          |  |  |  |
| 6   | Did the organization of property, subject to the organization of the organization and donor account of the organization of the   |   |                              |                                 |  |  |  |
| Ū   | for charitable purposes and not for the benefit of the donor or  |   |                              |                                 |  |  |  |
|     |  |   |                              | Yes No                          |  |  |  |
| Par |  |   |                              |                                 |  |  |  |
| 1   |  |   | art IV, IIIIe                | · ·                             |  |  |  |
| '   | Purpose(s) of conservation easements held by the organization  |   | a hiotoricall                | wimportant land area            |  |  |  |
|     | Preservation of land for public use (for example, recreat  |   |                              | y important land area           |  |  |  |
|     | Protection of natural habitat  | Preservation o                                | a certilled i                | nistoric structure              |  |  |  |
| _   | Preservation of open space   |   | - <b>f</b>                   |                                 |  |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualifi  | led conservation contribution in the form     | of a conserv                 | Held at the End of the Tax Year |  |  |  |
|     | day of the tax year.   |   |                              |                                 |  |  |  |
|     | Total number of conservation easements   |   | ۱                            |                                 |  |  |  |
|     |  |   |                              |                                 |  |  |  |
|     | Number of conservation easements on a certified historic stru  |   | 2c                           |                                 |  |  |  |
| d   | Number of conservation easements included in (c) acquired a  |   |                              |                                 |  |  |  |
|     | historic structure listed in the National Register   |   |                              |                                 |  |  |  |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, or terminated by the     | organization                 | n during the tax                |  |  |  |
|     | year   |   |                              |                                 |  |  |  |
| 4   | Number of states where property subject to conservation ease   | ement is located                              |                              |                                 |  |  |  |
| 5   | Does the organization have a written policy regarding the peri   | odic monitoring, inspection, handling of      |                              |                                 |  |  |  |
|     | violations, and enforcement of the conservation easements it   |   |                              |                                 |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h   | nandling of violations, and enforcing cons    | ervation eas                 | sements during the year         |  |  |  |
|     |  |   |                              |                                 |  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, handle  | ling of violations, and enforcing conserva    | tion easeme                  | nts during the year             |  |  |  |
|     |  |   |                              |                                 |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above  | e satisfy the requirements of section 170(    | h)(4)(B)(i)                  |                                 |  |  |  |
|     | *  |   |                              |                                 |  |  |  |
| 9   | In Part XIII, describe how the organization reports conservation   | on easements in its revenue and expense       | statement a                  | nd                              |  |  |  |
|     | balance sheet, and include, if applicable, the text of the footne  | ote to the organization's financial statement | ents that des                | scribes the                     |  |  |  |
|     | organization's accounting for conservation easements.  | Add Historical Toronto and Co                 | 0' 'I                        |                                 |  |  |  |
| Par | t III Organizations Maintaining Collections of   |   | ner Simila                   | ar Assets.                      |  |  |  |
|     | Complete if the organization answered "Yes" on Form  |   |                              |                                 |  |  |  |
| 1a  | If the organization elected, as permitted under FASB ASC 958   | ·   |                              |                                 |  |  |  |
|     | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public  |   |                              |                                 |  |  |  |
|     | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.   |   |                              |                                 |  |  |  |
| b   | b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  |   |                              |                                 |  |  |  |
|     | art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $ | exhibition, education, or research in furth   | erance of pu                 | ublic 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 trea   | asures, or other similar assets for financia  | I gain, provid               |                                 |  |  |  |
|     | the following amounts required to be reported under FASB AS  | SC 958 relating to these items:               |                              |                                 |  |  |  |
| а   | Revenue included on Form 990, Part VIII, line 1  |   |                              | \$                              |  |  |  |
|     | Assets included in Form 990, Part X  |   |                              | \$                              |  |  |  |
|     | For Paperwork Reduction Act Notice, see the Instructions   |   |                              | Schedule D (Form 990) 2022      |  |  |  |

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |  |  |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|
| 1a Land  |                                      |                                 |                              |                |  |  |
| <b>b</b> Buildings   |                                      |                                 |                              |                |  |  |
| c Leasehold improvements   |                                      | 771,758.                        | 767,661.                     | 4,097.         |  |  |
| <b>d</b> Equipment   |                                      | 449,188.                        | 376,103.                     | 73,085.        |  |  |
| e Other  |                                      |                                 |                              |                |  |  |
| otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              |                |  |  |

Schedule D (Form 990) 2022

| c.                        |  | 6-3413042  | Page 3   |
|---------------------------|--|--|--|
|                           |  |  |  |
| n Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.  |  |  |
| (b) Book value            | (c) Method of valuation: Cost or er  | d-of-year market   | value  |
|                           |  |  |  |
|                           |  |  |  |
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|                           |  |  |  |
| n Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.  |  |  |
| (b) Book value            | (c) Method of valuation: Cost or er  | ıd-of-year market  | value  |
|                           |  |  |  |
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|                           |  |  |  |
|                           |  |  |  |
| n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.  |  |  |
| Description               |  | (b) Book v   | value  |
|                           |  |  |  |
|                           |  |  |  |
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| 15 )                      |  |  |  |
| 10.,                      |  |  |  |
| n Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25  | 5.   |  |
| , ,                       |  | (b) Book v   | value  |
|                           |  | †  |  |
|                           |  |  | 23,032.  |
|                           |  |  | 48,179.  |
|                           |  |  | ,  |
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|                           |  | +  |  |
|                           |  | +  |  |
|                           |  | +  |  |
|                           |  | +  |  |
| 27.                       |  | +  | 71,211.  |
| ,                         |  | <del></del>  | , = , = = = .  |
|                           | in Form 990, Part IV, line (b) Book value  In Form 990, Part IV, line (b) Book value  In Form 990, Part IV, line Description  In Form 990, Part IV, line Description | In Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (b) Book value (c) Method of valuation: Cost or en   (c) Method of valuation: Cost or en   (d) Book value (e) Method of valuation: Cost or en   (e) Method of valuation: Cost or en   (f) Method of valuation: Cost or en   (g) Method of valuation: Cost or en   (h) Book value | in Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market  (c) Method of valuation: Cost or end-of-year market  in Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market  (c) Method of valuation: Cost or end-of-year market  in Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  Pescription  (b) Book  15.)  in Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

36-3413042

|  | Part IV, line 12a.             |                |              |             |
|--|--------------------------------|----------------|--------------|-------------|
| 1 Total revenue, gains, and other support per audited financial stater   | nents                          |                | 1            | 10,535,198. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                                |                |              |             |
| a Net unrealized gains (losses) on investments   | 2a                             | 69,294.        |              |             |
| <b>b</b> Donated services and use of facilities  |                                | 182,400.       |              |             |
| c Recoveries of prior year grants  |                                |                |              |             |
| d Other (Describe in Part XIII.)   |                                | -31,824.       |              |             |
| e Add lines 2a through 2d  |                                |                | 2e           | 219,870.    |
| 3 Subtract line 2e from line 1   |                                |                | 3            | 10,315,328. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                                |                |              |             |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                             |                |              |             |
| b Other (Describe in Part XIII.)   |                                | -29,902.       |              |             |
| c Add lines 4a and 4b  |                                |                | 4c           | -29,902.    |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part   | I. line 12.)                   |                | 5            | 10,285,426. |
| Part XII Reconciliation of Expenses per Audited Finar  | icial Statements With I        | Expenses per F | Return.      |             |
| Complete if the organization answered "Yes" on Form 990,   |                                |                | <del> </del> | 0 205 420   |
|  |                                |                | 1            | 8,327,139.  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1                            | 400 100        |              |             |
| a Donated services and use of facilities   |                                | 182,400.       | -            |             |
| <b>b</b> Prior year adjustments  | 2b                             |                | -            |             |
| c Other losses   | 2c                             |                |              |             |
| d Other (Describe in Part XIII.)   | 2d                             | 13,954.        |              |             |
| e Add lines 2a through 2d  |                                |                | 2e           | 196,354.    |
| 3 Subtract line 2e from line 1   |                                |                | 3            | 8,130,785.  |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1                            |                |              |             |
| a Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                             |                |              |             |
| <b>b</b> Other (Describe in Part XIII.)  | 4b                             | -29,902.       |              |             |
| c Add lines 4a and 4b  |                                |                | 4c           | -29,902.    |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa<br>Part XIII Supplemental Information.   | rt I, line 18.)                |                | 5            | 8,100,883.  |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to   | provide any additional informa | ation.         |              |             |
|  |                                |                |              |             |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:  |                                |                |              |             |
|  | -31,824.                       |                |              |             |
| REVENUE REPORTED AS EIN 36-3991517   |                                |                |              |             |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:  |                                |                |              |             |
| REVENUE REPORTED AS EIN 36-3991517  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  | -29,902.                       |                |              |             |
| REVENUE REPORTED AS EIN 36-3991517   | -29,902.                       |                |              |             |
| REVENUE REPORTED AS EIN 36-3991517  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  | -29,902.                       |                |              |             |
| REVENUE REPORTED AS EIN 36-3991517  PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  PART XII, LINE 2D - OTHER ADJUSTMENTS:  | -29,902.<br>13,954.            |                |              |             |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:  COST OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  PART XII, LINE 2D - OTHER ADJUSTMENTS:  EXPENSES REPORTED AS EIN 36-3991517 | -29,902.<br>13,954.            |                |              |             |

| Schedule D (Form 990) 2022                               | MUSIC FOR ALL, INC.           | 36-34 | 113042 Page |
|--|-------------------------------|-------|-------------|
| Schedule D (Form 990) 2022 Part XIII Supplemental Inform | mation <sub>(continued)</sub> |       |             |
|  |                               |       |             |
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## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MUSIC FOR ALL, INC.

Part I Questions Regarding Compensation

Employer identification number
36-3413042

|    |  |    | V   | NI. |
|----|--|----|-----|-----|
|    |  |    | Yes | No  |
| та | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |     |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |     |
|    | First-class or charter travel  Housing allowance or residence for personal use   |    |     |     |
|    | Travel for companions Payments for business use of personal residence  |    |     |     |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |     |
|    | Discretionary spending account  Personal services (such as maid, chauffeur, chef)                                      |    |     |     |
|    |  |    |     |     |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |     |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |     |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |     |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |     |
|    |  |    |     |     |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |     |
|    | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |     |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |     |
|    | X Compensation committee Written employment contract   |    |     |     |
|    | Independent compensation consultant  X Compensation survey or study  |    |     |     |
|    | X Approval by the board or compensation committee  |    |     |     |
|    |  |    |     |     |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |     |
|    | organization or a related organization:  |    |     |     |
| а  | Receive a severance payment or change-of-control payment?  | 4a |     | х   |
| b  | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | Х   |
| С  | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | Х   |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |     |
|    |  |    |     |     |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |     |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |     |
|    | contingent on the revenues of:   |    |     |     |
| а  | The organization?  | 5a |     | Х   |
|    | Any related organization?  | 5b |     | Х   |
|    | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |     |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |     |
|    | contingent on the net earnings of:   |    |     |     |
| а  | The organization?  | 6a |     | х   |
| b  | Any related organization?  | 6b |     | Х   |
|    | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |     |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     |     |
| -  | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | х   |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     |     |
| •  | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | х   |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 | Ť  |     |     |
| •  | Regulations section 53.4958-6(c)?  | 9  |     |     |
|    | negulations section 55.4556-9(6):  | 9  |     |     |

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

Schedule J (Form 990) 2022

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.

| (A) Name and Title         |      | (B) Breakdown of W       | I-2 and/or 1099-MISo compensation   | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|----------------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
|                            |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) JEREMY L. ERNHART      | (i)  | 214,134.                 | 24,405.                             | 0.  | 8,699.                            | 11,592.                 | 258,830.                           | 0.  |
| PRESIDENT AND CEO          | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0,                                 | 0.  |
| (2) ROBIN L. CLENDENING    | (i)  | 156,393.                 | 5,089.                              | 0.  | 2,228.                            | 0.                      | 163,710.                           | 0.  |
| CFO                        | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (3) DEBBIE LAFERTY ASBILL  | (i)  | 127,299.                 | 15,885.                             | 0.  | 5,138.                            | 13,199.                 | 161,521.                           | 0.  |
| EXEC VP, MRKT & COMMUICATI | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |

Page 2

| 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. |  |  |  |  |  |
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Page 3

Schedule J (Form 990) 2022

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

MUSIC FOR ALL, INC. Employer identification number 36-3413042

| Pai | rt I Types of Property                             |                 |                     |  |                     |        |     |    |
|-----|--|-----------------|---------------------|--|---------------------|--------|-----|----|
|     |  | (a)<br>Check if | (b)<br>Number of    | (c) Noncash contribution                         | (d)<br>Method of de | termin | ina |    |
|     |  | applicable      | contributions or    | amounts reported on Form 990, Part VIII, line 1g | noncash contribu    |        | •   | 3  |
| 1   | Art - Works of art                                 |                 |                     |  |                     |        |     |    |
| 2   | Art - Historical treasures                         |                 |                     |  |                     |        |     |    |
| 3   | Art - Fractional interests                         |                 |                     |  |                     |        |     |    |
| 4   | Books and publications                             |                 |                     |  |                     |        |     |    |
| 5   | Clothing and household goods                       | х               |                     | 29 200.  | RESALE VALUE        |        |     |    |
| 6   | Cars and other vehicles                            |                 |                     |  |                     |        |     |    |
| 7   |  |                 |                     |  |                     |        |     |    |
| 8   | Boats and planes                                   |                 |                     |  |                     |        |     |    |
|     | Intellectual property                              |                 |                     |  |                     |        |     |    |
| 9   | Securities - Publicly traded                       |                 |                     |  |                     |        |     |    |
| 10  | Securities - Closely held stock                    |                 |                     |  |                     |        |     |    |
| 11  | Securities - Partnership, LLC, or                  |                 |                     |  |                     |        |     |    |
| 40  | trust interests                                    |                 |                     |  |                     |        |     |    |
| 12  | Securities - Miscellaneous                         |                 |                     |  |                     |        |     |    |
| 13  | Qualified conservation contribution -              |                 |                     |  |                     |        |     |    |
|     | Historic structures                                |                 |                     |  |                     |        |     |    |
| 14  | Qualified conservation contribution - Other        |                 |                     |  |                     |        |     |    |
| 15  | Real estate - Residential                          |                 |                     |  |                     |        |     |    |
| 16  | Real estate - Commercial                           |                 |                     |  |                     |        |     |    |
| 17  | Real estate - Other                                |                 |                     |  |                     |        |     |    |
| 18  | Collectibles                                       |                 |                     |  |                     |        |     |    |
| 19  | Food inventory                                     |                 |                     |  |                     |        |     |    |
| 20  | Drugs and medical supplies                         |                 |                     |  |                     |        |     |    |
| 21  | Taxidermy  |                 |                     |  |                     |        |     |    |
| 22  | Historical artifacts                               |                 |                     |  |                     |        |     |    |
| 23  | Scientific specimens                               |                 |                     |  |                     |        |     |    |
| 24  | Archeological artifacts                            |                 |                     |  |                     |        |     |    |
| 25  | Other ()   |                 |                     |  |                     |        |     |    |
| 26  | Other ()   |                 |                     |  |                     |        |     |    |
| 27  | Other ()   |                 |                     |  |                     |        |     |    |
| 28  | Other (  |                 |                     |  |                     |        |     |    |
| 29  | Number of Forms 8283 received by the organiz       |                 |                     |  |                     |        |     |    |
|     | for which the organization completed Form 828      | 33, Part V, D   | onee Acknowledg     | ement <b>29</b>                                  |                     |        |     |    |
|     |  |                 |                     |  |                     | $\Box$ | Yes | No |
| 30a | During the year, did the organization receive by   | / contributio   | n any property rep  | orted in Part I, lines 1 throug                  | h 28, that it       |        |     |    |
|     | must hold for at least 3 years from the date of t  | the initial co  | ntribution, and whi | ich isn't required to be used                    | for                 |        |     |    |
|     | exempt purposes for the entire holding period?     |                 |                     |  |                     | 30a    |     | Х  |
| b   | If "Yes," describe the arrangement in Part II.     |                 |                     |  |                     |        |     |    |
| 31  | Does the organization have a gift acceptance p     | oolicy that re  | quires the review   | of any nonstandard contribut                     | ions?               | 31     |     | Х  |
| 32a | Does the organization hire or use third parties of | or related or   | ganizations to soli | cit, process, or sell noncash                    |                     |        |     | ı  |
|     | contributions?                                     |                 |                     |  |                     | 32a    |     | Х  |
| b   | If "Yes," describe in Part II.                     |                 |                     |  |                     |        |     |    |
| 33  | If the organization didn't report an amount in co  | olumn (c) foi   | a type of property  | for which column (a) is chec                     | cked,               |        |     |    |
|     | describe in Part II.                               |                 |                     |  |                     |        |     |    |

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

Schedule M (Form 990) 2022

232142 09-09-22

## **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

| Name of the organization MUSIC FOR ALL, INC.  | Employer identification number 36-3413042 |
|---|---|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  | 1   |
| LIFE-CHANGING EXPERIENCES THROUGH MUSIC.  |   |
| ·   |   |
| 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:  |   |
| 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 4D, OTHER PROGRAM SERVICES:  |   |
| MUSIC FOR ALL NEWSLETTER A SERIES OF DIGITAL ENEWSLETTERS AND PRINTED   |   |
| NEWSLETTERS THAT ARE EMAILED TO APPROXIMATELY 110,000 SUBSCRIBERS PER  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule 0 (Form 990) 2022                |

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization MUSIC FOR ALL, INC. 36-3413042 MONTHLY ISSUE AND MAILED TO APPROXIMATELY 8,000 HIGH SCHOOL BAND DIRECTORS ONE TIME ANNUALLY WITH INFORMATION ABOUT ALL OF MUSIC FOR ALLS EDUCATIONAL PROGRAMS AND EVENTS. ADVOCACY PROGRAMS A SERIES OF PROGRAMS PROVIDING EDUCATIONAL AND ADVOCACY RESOURCES, INCLUDING A SERIES OF AFFILIATED REGIONAL MUSIC FESTIVALS. OTHER ADVOCACY PROGRAMS INCLUDE: PROFESSIONAL DEVELOPMENT PROGRAMS ADVOCACY IN ACTION AWARDS PROGRAM PROVIDING RECOGNITION TO SUPPORT MUSIC IN OUR SCHOOLS, WORKING TO ENSURE MUSIC EDUCATION IS AVAILABLE TO EVERY CHILD, WITH EMPHASIS ON INCREASING ACCESS TO MUSIC EDUCATION FOR STUDENTS AND TEACHERS FROM UNDERAPPRECIATED COMMUNITIES, INCLUDING SMALL, RURAL, AND URBAN SCHOOLS. MUSIC FOR ALL OFFERS THESE PROGRAMS INDEPENDENTLY AND ALSO COLLABORATES WITH A NUMBER OF OTHER PROGRAMS TO EXTEND THE REACH OF ITS ADVOCACY PROGRAMMING. EXPENSES \$ 11,227. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25,036. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM, THEN REVIEWED BY THE CFO. CEO. AND FINANCE COMMITTEE. AFTER THIS FIRST REVIEW. THE DRAFT FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO DISCUSS THE RETURN. THE RETURN IS FILED ONLY AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SUBMITS A SIGNED CONFLICT OF INTEREST STATEMENT UPON ELECTION TO THE BOARD. UPDATED STATEMENTS ARE SIGNED AND SUBMITTED AT EACH SUBSEQUENT ANNUAL MEETING. THE ANNUAL MEETINGS NORMALLY OCCURS DURING THE

Schedule O (Form 990) 2022

Name of the examination

Employer identification number

Name of the organization

MUSIC FOR ALL, INC.

Employer identification number
36-3413042

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

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

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

AUDIT.

## **SCHEDULE R** (Form 990)

Name of the organization

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

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

| MUSIC FOR ALL, INC.   |   |   |                               |                                       |                               | 36-3413042                    |       |                                    |
|---|---|---|-------------------------------|---------------------------------------|-------------------------------|-------------------------------|-------|------------------------------------|
| Part I Identification of Disregarded Entities. Comp                             | lete if the organization answered "Yes        | " on Form 990, Part IV, line 33                   | 3.                            |                                       |                               |                               |       |                                    |
| (a)  Name, address, and EIN (if applicable)  of disregarded entity              | <b>(b)</b><br>Primary activity                | (c) (d) Legal domicile (state or foreign country) |                               | me End-of-yea                         |                               | (f) Direct controlling entity |       | )                                  |
|   |   |   |                               |                                       |                               |                               |       |                                    |
|   |   |   |                               |                                       |                               |                               |       |                                    |
|   |   |   |                               |                                       |                               |                               |       |                                    |
|   |   |   |                               |                                       |                               |                               |       |                                    |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | zations. Complete if the organization         | answered "Yes" on Form 990                        | ), Part IV, line 34, t        | pecause it had one                    | or more                       | related tax-exer              | mpt   |                                    |
| (a)  Name, address, and EIN  of related organization                            | <b>(b)</b><br>Primary activity                | (c) Legal domicile (state or foreign country)     | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity |                               | contr | g)<br>512(b)(13)<br>rolled<br>ity? |
|   |   |   |                               | 501(c)(3))                            |                               |                               | Yes   | No                                 |
| MUSIC FOR ALL FOUNDATION - 36-3991517  39 W. JACKSON PLACE                      | DISTRIBUTE GRANTS AND SCHOLARSHIPS TO FURTHER |   | 504 (5) 2                     | 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) 2022

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.

|  |                  | organizations abundance are a particularly carried and year. |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|--|------------------|--|---------------------------|--|-----------------------|-----------------------------------|-----|----------------------|--|------------------------------|--|--|--|
| (a)  | (b)              | (c)  | (d)                       | (e)  | (f)                   | (g)                               | (1  | h)                   | (i)  | (j)                          | (k)  |  |  |
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign                    | Direct controlling entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>itions? | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | General of managing partner? | Percentage<br>ownership                      |  |  |
|  |                  | country)   |                           | sections 512-514)  |                       | 833013                            | Yes | No                   | K-1 (Form 1065)  | Yes N                        | <u>.                                    </u> |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | ]                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | ]                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              | 1  |  |  |
|  |                  |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | 1                |  |                           |  |                       |                                   |     |                      |  |                              |  |  |  |
|  | l                | l  |                           | l  |                       |                                   |     |                      | l  |                              |  |  |  |

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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g) Share of end-of-year assets | (h)<br>Percentage<br>ownership |     | tion<br>b)(13)<br>rolled<br>tity? |  |  |  |  |  |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|---------------------------------|--------------------------------|-----|-----------------------------------|--|--|--|--|--|
|  |                                | country)                             |                               | ,   |                                 |                                 |                                | Yes | No                                |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
| -  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
| -  | -                              |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
| -  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  | -                              |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |
|  |                                |                                      |                               |   |                                 |                                 |                                |     |                                   |  |  |  |  |  |

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| b  | Gift, grant, or capital contribution to related organization(s)                            |                                  |                                 |                                       | 1b       |       | X      |
|--|--|----------------------------------|---------------------------------|---------------------------------------|----------|-------|--------|
| С  | Gift, grant, or capital contribution from related organization(s)                          |                                  |                                 |                                       | 1c       |       | Х      |
|  |  |                                  |                                 |                                       | 1d       | Х     |        |
| е  | Loans or loan guarantees by related organization(s)  |                                  |                                 |                                       | 1e       |       | Х      |
|  |  |                                  |                                 |                                       |          |       |        |
| f  | Dividends from related organization(s)   |                                  |                                 |                                       | 1f       |       | Х      |
| g  | Sale of assets to related organization(s)  |                                  |                                 |                                       | 1g       |       | Х      |
| h  | Purchase of assets from related organization(s)  |                                  |                                 |                                       | 1h       |       | Х      |
| i  | Exchange of assets with related organization(s)  |                                  |                                 |                                       | 1i       |       | Х      |
| j  | Lease of facilities, equipment, or other assets to related organization(s)                 |                                  |                                 |                                       | 1j       |       | Х      |
|  |  |                                  |                                 |                                       |          |       |        |
|  | Lease of facilities, equipment, or other assets from related organization(s)               |                                  |                                 |                                       | 1k       |       | Х      |
|  | Performance of services or membership or fundraising solicitations for related organ       |                                  |                                 |                                       | 11       |       | Х      |
|  | n Performance of services or membership or fundraising solicitations by related organ      |                                  |                                 |                                       | 1m       |       | Х      |
| n  | Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(s)                            |                                 |                                       | 1n       |       | X      |
| o Sharing of paid employees with related organization(s)     |  |                                  |                                 |                                       |          |       |        |
|  |  |                                  |                                 |                                       |          |       | Х      |
| p Reimbursement paid to related organization(s) for expenses |  |                                  |                                 |                                       |          |       |        |
| q  | Reimbursement paid by related organization(s) for expenses                                 |                                  |                                 |                                       | 1q       |       | Х      |
|  |  |                                  |                                 |                                       |          |       |        |
|  | Other transfer of cash or property to related organization(s)                              |                                  |                                 |                                       | 1r       |       | Х      |
| s  | Other transfer of cash or property from related organization(s)                            |                                  |                                 |                                       | 1s       |       | Х      |
| 2  | If the answer to any of the above is "Yes," see the instructions for information on w      | ho must complete th              | is line, including covered rela | tionships and transaction thresholds. |          |       |        |
|  | (a) Name of related organization   | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved          | (d) Method of determining amount inv  | volved   |       |        |
| 1) <sup>1</sup>  | MUSIC FOR ALL FOUNDATION, INC.   | D                                | 667. AC                         | CCOUNTS RECIEVABLE                    |          |       |        |
|  |  |                                  |                                 |                                       |          |       |        |
| 2)   |  |                                  |                                 |                                       |          |       |        |
|  |  |                                  |                                 |                                       |          |       |        |
| 3)   |  |                                  |                                 |                                       |          |       |        |
| 4.   |  |                                  |                                 |                                       |          |       |        |
| 4)   |  |                                  |                                 |                                       |          |       |        |
| E)   |  |                                  |                                 |                                       |          |       |        |
| 5)   |  |                                  |                                 |                                       |          |       |        |
| 6)   |  |                                  |                                 |                                       |          |       |        |
| 6)   | 33 09-14-22  | l                                |                                 | Schedule                              | B (Eor   | n 000 | าวกวา  |
| J∠ 10  | J U3-14-22   |                                  |                                 | Scriedule                             | IN (FUII | น ออบ | , 2022 |

Schedule R (Form 990) 2022 MUSIC FOR ALL, INC. 36-3413042 Page 4

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) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.?  Yes No | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproptionate allocation | Code V-UBI<br>amount in box<br>of Schedule K- | General managin partner | (k) Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|-------------------------|--------------------------|
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |
|                                      | -                    |     |   |  |                                    |  |                               |   |                         |                          |
|                                      |                      |     |   |  |                                    |  |                               |   |                         |                          |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Form **8868** 

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MUSIC FOR ALL, INC. 36-3413042 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 39 WEST JACKSON PLACE, 150 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. INDIANAPOLIS, IN 46225 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DAVID ELLIS Telephone No. ▶ 317-636-2263 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box JANUARY 16, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning MAR 1, 2022 FEB 28, 2023 , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions Form 8868 (Rev. 1-2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

## Form IT-20NP

Indiana Department of Revenue

State Form 148 (R21 / 8-22)

## Indiana Nonprofit Organization Unrelated Business Income Tax Return Calendar Year Ending December 31, 2022 or

| Fiscal Year Beginning Check box if amended.    | 03 01 | 2 | 2022   | and End       | ў <u> </u>          | 2023 name changed.                                |  |  |  |
|--|-------|---|--------|---------------|---------------------|---|--|--|--|
| Name of Organization MUSIC FOR ALL INC         |       |   |        |               |                     | Federal Employer Identification Number 36 3413042 |  |  |  |
| Number and Street<br>39 WEST JACKSON PLACE 150 |       |   |        | Principal Bus | iness Activity Code | Foreign Country 2-Character Code                  |  |  |  |
| City State ZIP 0                               |       |   | ZIP Co | de            | 2-Digit County Code | e Telephone Number                                |  |  |  |

| IND: | IANAPOLIS IN 462   | 25 49                              | 317 636 22   | 63        |
|------|--|------------------------------------|--------------|-----------|
| L.   | Check all boxes that apply: Initial Return Final Return Do you have on file a valid extension of time to file your return (federal Check the box if entity has multiple unrelated trades or businesses (se | Form 7004 or an electronic extensi | on of time)? | Yes X No  |
| Adiu | sted Gross Income Tax Calculation on Unrelated Business Income   |                                    |              |           |
| 1.   |  |                                    |              |           |
| •    | Use a minus sign for negative amounts. Attach Form 990-T   |                                    | 1            | 0 0       |
| 2.   | Non-unitary partnership income   |                                    |              | 0.0       |
| 3.   | Specific deduction (generally \$1,000; see instructions)   |                                    |              | 1000 00   |
|      | Subtract line 2 and line 3 from line 1   |                                    |              | -1000 0 0 |
|      | lifications (use a minus sign for negative amounts)  |                                    |              |           |
| 5.   |  | Code No                            | 5            | lo d      |
| 6.   | Enter name of add-back or deduction  |                                    |              | 0.0       |
| 7.   | Enter name of add-back or deduction  |                                    |              | 0.0       |
| 8.   | Enter name of add-back or deduction  | Code No                            |              | 0.0       |
| 9.   | Unrelated business income: add or subtract lines 4 through 8. If not a   |                                    |              |           |
|      | same amount on line 11   |                                    | 9            | -1000 0 0 |
| 10.  | Enter Indiana apportionment percentage, if applicable, from line 9 of I  |                                    |              |           |
|      | apportionment (enclose schedule)   |                                    | 10           | %         |
| 11.  | Unrelated business apportioned to Indiana (multiply line 9 by line 10;   | otherwise, enter line 9 amount)    | 11           | -1000 00  |
| 12.  | Non-unitary partnership income from Indiana sources  |                                    | 12           | 0.0       |
| 13.  | Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-201  |                                    |              | 0.0       |
| 14.  | Taxable Indiana unrelated business income (add line 11 and line 12 a   |                                    |              | -1000 00  |
| 15.  | Taxable income from other forms (Form 1120-POL)  |                                    | 15           | 0.0       |
| 16.  | Subtotal (add lines 14 and 15)   |                                    |              | -1000 00  |
| 17.  | Indiana tax on unrelated business income (multiply line 16 by tax rate   | ; see instructions for line 17)    | 17           | 0 0 0     |
| 18.  | Sales/use tax on purchases subject to use tax from Sales/Use Tax W   | orksheet                           | 18           | 0.0       |
| 19.  | Total tax due (add lines 17 and 18)  |                                    | 19           | 0 0 0     |
|      | edit for Estimated Tax and Other Payments  Quarterly estimated tax paid: Qtr. 1 Qtr. 2 Qtr. 3 Qtr. 3   |                                    |              | 0.0       |
| 21.  |  |                                    |              | 0.0       |
| 22.  |  |                                    |              | 0.0       |
| 23.  |  |                                    |              | 0.0       |
| 24.  | EDGE credit. Enter the total EDGE credit amount claimed (line 19 on  |                                    |              | 0.0       |
| 25.  | EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19   |                                    |              | 0.0       |
| 26.  | Enter name of offset credit  | Code No                            | 26           | 0.0       |
| 27.  | Enter name of offset credit  |                                    | 27           | 0.0       |
| 28.  | Enter name of offset credit  | Code No.                           | 28           | 0.0       |
| 29.  | Enter name of offset credit  | Code No                            | 29           | 0.0       |
| 30.  | Enter name of offset credit  | Code No                            | 30           | 0.0       |
| 31.  | Certified credits. Enter the total of certified credits claimed from Sche  | edule IN-OCC and enclose this      |              |           |
|      | schedule with your return  |                                    | 31           | 0.0       |
| 32.  | Total credits (add lines 20-31)  |                                    |              | 0.0       |

| 33. | Balance of tax due (line 19 minus line 32)  | 33 | 00  |
|-----|---|----|-----|
| 34. | Penalty for the underpayment of income tax. Attach Schedule IT-2220   |    |     |
|     | Check box if using annualization method   | 34 | 0 0 |
| 35. | Interest: If payment is made after the original due date, compute interest                                  | 35 | 0.0 |
| 36. | Penalty: If paid late, enter 10% of line 33; see instructions. If line 19 is zero, enter \$10 per day filed |    |     |
|     | past due date   | 36 | 0 0 |
| 37. | Total payment due (add lines 33-36). (Payment must be made in U.S. funds) PAY THIS AMOUNT                   | 37 | 0.0 |
| 38. | Total overpayment (line 32 minus lines 19 and 34-36)  | 38 | 0.0 |
| 39. | Amount of line 38 to be refunded  | 39 | 0.0 |
| 40. | Amount of line 38 to be applied to the following year's estimated tax account                               | 40 | 00  |
|     |   |    |     |

| DAVID ELLIS                              |           | GREENWALT CPAS INC  |                                      |  |  |  |  |
|--|-----------|---------------------|--------------------------------------|--|--|--|--|
| Personal Representative's Name (Print or | Туре)     | Paid Preparer: Firm | n's Name (or yours if self-employed) |  |  |  |  |
| ROBIN@MUSICFORALL.ORG                    |           | P01329619           |                                      |  |  |  |  |
| Personal Representative's Email Address  |           | PTIN                |                                      |  |  |  |  |
|  |           | 317 241 2999        |                                      |  |  |  |  |
| Signature of Corporate Officer           | Date      | Telephone Number    |                                      |  |  |  |  |
| JEREMY EARNHART                          | PRESIDENT | 5342 WEST VERMO     | ONT STREET                           |  |  |  |  |
| Print or Type Name of Corporate Officer  | Title     | Address             |                                      |  |  |  |  |
|  | 12 14 23  | INDIANAPOLIS        |                                      |  |  |  |  |
| Signature of Paid Preparer               | Date      | City                |                                      |  |  |  |  |
| JOHN W KELLER CPA                        |           | IN                  | 46224                                |  |  |  |  |
| Print or Type Name of Paid Preparer      |           | State               | ZIP Code + 4                         |  |  |  |  |

Please mail your forms to: **Indiana Department of Revenue** P.O. Box 7228 Indianapolis, IN 46207-7228

# \*\* 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 Inspection

Department of the Treasury Internal Revenue Service

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

| A I                     | For the             | 2022 calendar year, or tax year beginning MA                       | AR 1, 2022 and                            | ending F      | EB 28, 2023                |                       |                             |
|-------------------------|---------------------|--|---|---------------|----------------------------|-----------------------|-----------------------------|
| В                       | Check if applicable | C Name of organization   |   |               | D Employer i               | identific             | eation number               |
| Г                       | Addres              | MUSIC FOR ALL, INC.  |   |               |                            |                       |                             |
| Ē                       | Name<br>change      |  |   |               | 36-34:                     | 13042                 |                             |
|                         | Initial return      | Number and street (or P.O. box if mail is not del                  | livered to street address)                | Room/suite    | E Telephone                | number                |                             |
|                         | Final<br>return/    | 39 WEST JACKSON PLACE  | ,   | 150           | 317-636                    |                       |                             |
|                         | termin-<br>ated     | City or town, state or province, country, and                      | ZIP or foreign postal code                | •             | <b>G</b> Gross receipts    | \$                    | 10,365,131.                 |
|                         | Ameno               |  | • .                                       |               | H(a) Is this a g           | group re              | turn                        |
|                         | Application         | F Name and address of principal officer: JEREN                     | MY EARNHART                               |               | for subor                  | dinates?              | ? Yes X No                  |
|                         | pendin              | SAME AS C ABOVE  |   |               | H(b) Are all subor         |                       |                             |
| Ι.                      | Tax-exe             | mpt status: X 501(c)(3) 501(c) ( )                                 | (insert no.) 4947(a)(1)                   | or 527        | If "No," a                 | ttach a l             | list. See instructions      |
| J                       | Websit              | e: WWW.MUSICFORALL.ORG   |   |               | H(c) Group ex              | emption               | n number                    |
| Κ                       | orm of              | organization: X Corporation Trust As                               | sociation Other                           | <b>L</b> Year | of formation: 19           | 85 <b>M</b>           | State of legal domicile: IN |
| Pa                      | art I               | Summary  |   |               |                            |                       |                             |
| a)                      | 1                   | Briefly describe the organization's mission or most                | significant activities: THE MI            | SSION OF      | MUSIC FOR A                | LL IS                 |                             |
| Š                       | '                   | CO CREATE, PROVIDE AND EXPAND POSITIVE                             | ELY (CONT'D ON SCH O)                     |               |                            |                       |                             |
| rna                     | 2                   | Check this box if the organization discor                          | ntinued its operations or dispos          | sed of more   | than 25% of its            | net ass               | ets.                        |
| ove                     | 3                   | Number of voting members of the governing body                     | (Part VI, line 1a)                        |               |                            | . 3                   | 22                          |
| Ğ                       | 4                   | Number of independent voting members of the gov                    | verning body (Part VI, line 1b)           |               |                            | . 4                   | 22                          |
| es &                    | 5                   | Total number of individuals employed in calendar y                 | ear 2022 (Part V, line 2a)                |               |                            | . 5                   | 44                          |
| Ϋ́                      | 6                   | Total number of volunteers (estimate if necessary)                 |   |               |                            | . 6                   | 2752                        |
| Activities & Governance | 7 a                 | Total unrelated business revenue from Part VIII, co                | lumn (C), line 12                         |               |                            | . 7a                  | 0.                          |
| _                       | b                   | Net unrelated business taxable income from Form                    | 990-T, Part I, line 11                    |               |                            | . 7b                  | 0.                          |
|                         |                     |  |   |               | Prior Year                 |                       | Current Year                |
| <u>o</u>                | 8                   | Contributions and grants (Part VIII, line 1h)                      |   |               | 5,958                      |                       | 1,487,553.                  |
| enn                     | 9                   |  |   |               | 7,743                      |                       | 7,811,763.                  |
| Revenue                 | 10                  | nvestment income (Part VIII, column (A), lines 3, 4,               |   |               |                            | 744.                  | 156,293.                    |
| _                       | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,             |   |               | ,354.                      | 829,817.              |                             |
|                         |                     | Total revenue - add lines 8 through 11 (must equal                 |   |               | 14,338                     |                       | 10,285,426.                 |
|                         |                     | Grants and similar amounts paid (Part IX, column (                 |   |               | 0.                         | 0.                    |                             |
|                         | 1                   | Benefits paid to or for members (Part IX, column (A                |   |               |                            | 0.                    | 0.                          |
| es                      | 15                  | Salaries, other compensation, employee benefits (F                 |   |               | 2,312,766.                 |                       | 3,148,424.                  |
| Expenses                | 16a                 | Professional fundraising fees (Part IX, column (A), li             |   |               |                            | 0.                    | 0.                          |
| Ž                       | . b                 | Total fundraising expenses (Part IX, column (D), line              |   | 309.          | F 150                      | 0.41                  | 4 050 450                   |
| ш                       | ''                  | Other expenses (Part IX, column (A), lines 11a-11d,                |   |               | 5,150                      |                       | 4,952,459.                  |
|                         |                     | Total expenses. Add lines 13-17 (must equal Part I)                |   |               | 7,463                      |                       | 8,100,883.                  |
| _ 0                     | 19                  | Revenue less expenses. Subtract line 18 from line                  | 12  |               | 6,875<br>ginning of Curren |                       | 2,184,543.<br>End of Year   |
| IS OI                   |                     |  |   |               | <del></del>                |                       |                             |
| SSE                     | 20                  | F  |   |               | 9,801                      |                       | 12,566,665.                 |
| Net Assets or           | 21                  |  | line 00                                   |               | 2,307<br>7,494             | _                     | 2,818,041.<br>9,748,624.    |
| P                       | art II              | Net assets or fund balances. Subtract line 21 from Signature Block | IIIIe 20                                  |               | 7,454                      | , , , , , ,           | 3,740,024.                  |
|                         |                     | ties of perjury, I declare that I have examined this return,       | including accompanying schedule           | s and stateme | ents, and to the he        | est of my             | knowledge and helief it is  |
|                         |                     | and complete. Declaration of preparer (other than office           |   |               |                            | -                     | Milowidago ana bonon, icio  |
|                         | ,                   | , and completel Becaration of property (cities than office         | .,, 10 24004 011 411 11101111411011 01 11 | o p. opa. o.  |                            | ,                     |                             |
| Sig                     | n                   | Signature of officer   |   |               | Date                       |                       |                             |
| Hei                     |                     | JEREMY EARNHART, PRESIDENT AND CEO                                 |   |               |                            |                       |                             |
|                         | Ĭ                   | Type or print name and title                                       |   |               |                            |                       |                             |
|                         |                     | Print/Type preparer's name   | Preparer's signature                      | [             | Date                       | Check                 | PTIN                        |
| Paid                    | d                   | JOHN W. KELLER, CPA  | 7, 7                                      |               |                            |                       | P01329619                   |
|                         | parer               | Firm's name GREENWALT CPAS, INC.                                   |   |               | Firm's                     | self-employe<br>EIN 3 | 35-1489521                  |
|                         | Only                | Firm's address 5342 WEST VERMONT STREET                            |   |               |                            |                       |                             |
|                         |                     | INDIANAPOLIS, IN 46224   |   |               | Phone                      | no.317-               | -241-2999                   |
| Ma                      | v the IF            | S discuss this return with the preparer shown about                | ve? See instructions                      |               |                            |                       | X Yes No                    |

| Pai | t III Statement of Program Service Accomplishments   |               |            |
|-----|--|---------------|------------|
|     | Check if Schedule O contains a response or note to any line in this Part III   |               | Х          |
| 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.  |               |            |
|     | THE VISION OF MUSIC FOR ALL IS TO BE A CATALYST TO ENSURE THAT EVERY   |               |            |
| 2   | Did the organization undertake any significant program services during the year which were not listed  | l on the      |            |
| 2   | prior Form 990 or 990-EZ?  |               | Yes X No   |
| 3   | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program   | services?     | Yes X No   |
| 3   | If "Yes," describe these changes on Schedule O.  |               |            |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report and grants ar |               |            |
| 4a  | revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 5,504,472. including grants of \$   | ) (Daveaus ¢  | 4,795,241. |
| 4a  | FALL FESTIVAL SEASON MUSIC FOR ALL'S BANDS OF AMERICA (BOA) MARCHING   | ) (Revenue \$ | 1,733,211. |
|     | BAND CHAMPIONSHIPS ARE THE PREMIER EVENTS FOR MARCHING BAND IN THE   |               |            |
|     | NATION. BOA'S MARCHING BAND SHOWS OFFER POSITIVELY LIFE-CHANGING   |               |            |
|     | EXPERIENCES FOR THE STUDENTS, TEACHERS, AND PARENTS OF BANDS WHO   |               |            |
|     | PARTICIPATE, AS WELL AS FANS AND SPECTATORS.   |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
| 41- | (Code:) (Expenses \$ 768,201. including grants of \$   | \ /- +        | 2 084 863  |
| 4b  | GRAND NATIONALS MUSIC FOR ALL'S BANDS OF AMERICA GRAND NATIONAL  | ) (Revenue \$ | 2,084,863. |
|     | CHAMPIONSHIPS IS AMERICA'S PREMIERE NATIONAL MARCHING BAND EVENT. FIRST  |               |            |
|     | AND FOREMOST, GRAND NATIONALS IS AN EDUCATIONAL PERFORMANCE  |               |            |
|     | OPPORTUNITY. GRAND NATIONALS IS ALSO A SPECTACULAR MUSIC AND PAGEANTRY   |               |            |
|     | EVENT, ONE THAT BAND FANS FROM ACROSS THE NATION AND AROUND THE WORLD  |               |            |
|     | TRAVEL TO FOR EXCITING AND CREATIVE PERFORMANCES.  |               |            |
|     | ,  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
| 4c  | (Code:) (Expenses \$   | ) (Revenue \$ | 906,623.   |
|     | SUMMER SYMPOSIUM ONLY AT THE MUSIC FOR ALL SUMMER SYMPOSIUM WILL YOU   |               |            |
|     | EXPERIENCE THE MOST-INTENSIVE, NON-STOP, MAKE-YOU-BETTER APPROACH TO   |               |            |
|     | MUSICIANSHIP, PERFORMANCE EXCELLENCE, AND STUDENT LEADERSHIP   |               |            |
|     | DEVELOPMENT. IT'S THE LEADING SUMMER CAMP FOR MIDDLE AND HIGH SCHOOL   |               |            |
|     | BAND STUDENTS AND BAND DIRECTORS, BROUGHT TO YOU BY MUSIC FOR ALL.   |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
|     |  |               |            |
| 4d  | Other program services (Describe on Schedule O.)   | <b>~</b> =    | 026        |
|     | (Expenses \$ 11,227. including grants of \$ ) (Revenue \$  | 25,           | 036.)      |
| 40  | Total program conject expenses 7 074 254   |               |            |

36-3413042

Form 990 (2022) MUSIC FOR ALL, INC.

Part IV Checklist of Required Schedules

|         |   |     | Yes | No       |
|---------|---|-----|-----|----------|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |     |          |
|         | If "Yes," complete Schedule A   | 1   | Х   |          |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2   | Х   |          |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |          |
|         | public office? If "Yes," complete Schedule C, Part I  | 3   |     | Х        |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |          |
|         | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | Х        |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     |          |
|         | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | Х        |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     |     |          |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X        |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |          |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | Х        |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     |          |
|         | Schedule D, Part III  | 8   |     | Х        |
| 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   |     | Х        |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |     |     |          |
|         | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  |     | Х        |
| 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 |     | Х        |
| 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   | v        |
| 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 |     | Х        |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |     |     |          |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  | 44. |     | x        |
| 45      | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b |     |          |
| 15      |   | 45  |     | x        |
| 40      | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     |          |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 40  |     | x        |
| 47      | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     |          |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 47  |     | x        |
| 10      | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  |     | <u> </u> |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 40  |     | x        |
| 40      | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     |          |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 4.0 |     | x        |
| 00-     | complete Schedule G, Part III   | 19  |     | X        |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     |          |
| b<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     | $\vdash$ |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |     |     | x        |
|         | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II   | 21  | l   | A        |

| Form | 990 (2022) MUSIC FOR ALL, INC. 36-34130   | 142  | Р   | age <b>4</b> |
|------|---|------|-----|--------------|
| Pa   | rt IV Checklist of Required Schedules (continued)   |      | 1   |              |
| 00   | Did the consciention was at many thought 000 of smarter or other positions to surface demantic individuals an   |      | Yes | No           |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   | 22   |     | x            |
| 23   | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current            | 22   |     | <del></del>  |
| 20   | and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>  |      |     |              |
|      | Schedule J  | 23   | х   |              |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |      |     |              |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |      |     |              |
|      | Schedule K. If "No," go to line 25a   | 24a  |     | x            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |     |              |
|      | 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  |     |              |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |      |     |              |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     | Х            |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |      |     |              |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   |      |     |              |
|      | Schedule L, Part I  | 25b  |     | Х            |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |      |     |              |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |              |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | Х            |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |      |     |              |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |      |     |              |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |     | Х            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |      |     |              |
|      | instructions for applicable filing thresholds, conditions, and exceptions):   |      |     |              |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |      |     |              |
|      | "Yes," complete Schedule L, Part IV   | 28a  |     | Х            |
|      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b  |     | Х            |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  |      |     |              |
|      | "Yes," complete Schedule L, Part IV   | 28c  |     | Х            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29   | Х   | ├            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |      |     | ,,           |
|      | contributions? If "Yes," complete Schedule M  | 30   |     | X            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31   |     | Х            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |      |     |              |
|      | Schedule N, Part II   | 32   |     | Х            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |      |     | x            |
| 04   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | _ ^          |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 34   | х   |              |
| 25.0 | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  | X   |              |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | SSA  |     |              |
| b    |   | 35b  |     | x            |
| 36   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330  |     | <del> </del> |
| 30   |   | 36   |     | x            |
| 37   | If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30   |     | ┢▔           |
| 31   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37   |     | x            |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  | "    |     |              |
| 55   | Note: All Form 990 filers are required to complete Schedule O   | 38   | х   |              |
| Pa   | rt V Statements Regarding Other IRS Filings and Tax Compliance  | 1 30 | 1   |              |
|      | Check if Schedule O contains a response or note to any line in this Part V  |      |     |              |
|      | . , , , , , , , , , , , , , , , , , , ,   |      | Yes | No           |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29  | 1    |     |              |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   | 0    |     |              |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |      |     |              |

(gambling) winnings to prize winners?

36-3413042

Part 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                         | 44          |         |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax return   | าร?                        | . 2b        | Х       |  |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                            | . 3a        |         | Х  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  | 0                          | 3b          |         |  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other a  | uthority over, a           |             |         |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account   | ccount)?                   | 4a          |         | Х  |
| b      | If "Yes," enter the name of the foreign country  |                            | _           |         |  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac  | counts (FBAR).             |             |         |  |
| 5a     |  |                            | . —         |         | X  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  |                            |             |         | Х  |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |                            | . <u>5c</u> |         |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |                            |             |         |  |
|        | any contributions that were not tax deductible as charitable contributions?  |                            | . <u>6a</u> |         | Х  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribution are expressed as the state of the state o |                            | 6.          |         |  |
| -      | were not tax deductible?   |                            | 6b          |         |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | vices provided to the pave | .2 70       |         | х  |
| a<br>h | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and send if "Yes" did the organization potify the doppy of the yalue of the goods or services provided?  |                            |             | +       | <del>                                     </del> |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | s required                 | ·   /b      |         |  |
| С      | to file Form 8282?   | is required                | 7c          |         | x  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                         | 70          |         |  |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co   | •                          | 7e          |         | х  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra  |                            | 7f          |         | х  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file For  |                            |             | N/A     |  |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   | •                          |             | 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?   | N/A                        | . 9a        |         |  |
| 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:  |                            |             |         |  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                        |             |         |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                        |             |         |  |
| 11     | Section 501(c)(12) organizations. Enter:   | 1 1                        |             |         |  |
| 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  |                            |             |         |  |
| 46     | amounts due or received from them.)  | 11b                        |             |         |  |
|        | 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  | 12b                        |             |         |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   | N/A                        | 13a         |         |  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  |                            | . 13a       |         |  |
| h      | 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                        |             |         |  |
| С      | Enter the amount of reserves on hand   | 13c                        |             |         |  |
|        | Did the consideration which considers the facility of the description  | 100                        | 14a         |         | х  |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   |                            |             |         |  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner  |                            |             |         |  |
|        | excess parachute payment(s) during the year?   |                            | 15          | $\perp$ | х  |
|        | If "Yes," see the 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          |         | х  |
|        | If "Yes," complete Form 4720, Schedule O.  |                            |             |         |  |
| 17     | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act   | tivities                   |             | 1       |  |
|        | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | N/A                        | . 17        |         |  |
|        | If "Yes," complete Form 6069.  |                            |             | 000     | (0000)   |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|          | Check if Schedule O contains a response or note to any line in this Part VI  |              |          | X   |
|----------|--|--------------|----------|-----|
| Sec      | tion A. Governing Body and Management  |              |          |     |
|          |  |              | Yes      | No  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year 22   |              |          |     |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |              |          |     |
|          | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |              |          |     |
| b        | Enter the number of voting members included on line 1a, above, who are independent   |              |          |     |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   | 1            |          |     |
|          | officer, director, trustee, or key employee?   | 2            |          | х   |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |              |          |     |
|          | of officers, directors, trustees, or key employees to a management company or other person?  | 3            |          | x   |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4            |          | Х   |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5            |          | Х   |
| 6        | Did the organization have members or stockholders?   | 6            |          | х   |
| _        | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |              |          |     |
|          | more members of the governing body?  | 7a           |          | x   |
| h        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |              |          |     |
| -        | persons other than the governing body?   | 7b           |          | x   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  | 1.5          |          |     |
|          | The governing body?  | 8a           | х        |     |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b           | Х        |     |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | 00           |          |     |
| 3        | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9            |          | x   |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |              | l .      |     |
|          | This Section B requests information about policies not required by the internal nevertie Code.)  |              | Yes      | No  |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a          | 103      | X   |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 100          |          |     |
|          | 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        |     |
|          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |              |          |     |
|          | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a          | х        |     |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b          | Х        |     |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe   | 120          |          |     |
| ·        | on Schedule O how this was done  | 12c          | х        |     |
| 13       |  | 13           | Х        |     |
| 14       | Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  | 14           | X        |     |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent   | 14           |          |     |
| 13       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |              |          |     |
| _        | The organization's CEO, Executive Director, or top management official   | 15a          | х        |     |
|          |  |              | Х        |     |
| b        | Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | 15b          |          |     |
| 16-      | ·  |              |          |     |
| 104      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | 160          |          | х   |
|          | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  | 16a          |          |     |
| D        |  |              |          |     |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | 16h          |          |     |
| Sec      | exempt status with respect to such arrangements? tion C. Disclosure  | 16b          | l        | l   |
|          |  |              |          |     |
| 17<br>10 | List the states with which a copy of this Form 990 is required to be filed IN, IL  Section 6104 requires an experiention to make its Forms 1023 (1024 or 1024 A if applicable) 900, and 900 T (agation 501(a)/3) | , anl\       | 0.40:1-1 | ole |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):   | orny)        | avalläl  | υIE |
|          | for public inspection. Indicate how you made these available. Check all that apply.  |              |          |     |
| 40       | X Own website Another's website X Upon request Other (explain on Schedule O)   | I <b>c</b> · | _:_!     |     |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | i iinand     | Jial     |     |
| 00       | statements available to the public during the tax year.  |              |          |     |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records   |              |          |     |
|          | DAVID ELLIS - 317-636-2263  39 WEST TACKSON DIACE ST #150 INDIANAPOLIS IN 46225  |              |          |     |

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) Name and title               | (B)<br>Average   | (do              | not c                 | Pos<br>heck | more         | than o                       | one  | (D)<br>Reportable   | (E)<br>Reportable   | (F)<br>Estimated   |
|----------------------------------|--|------------------|-----------------------|-------------|--------------|------------------------------|--|---|---|--|
|                                  | hours per  | box              | , unle<br>cer ar      | ss pei      | rson i       | s both                       | n an   | compensation  | compensation  | amount of  |
|                                  | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer     | Key employee | Highest compensated employee |  | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | other compensation from the organization and related organizations |
| (1) JEREMY L. ERNHART            | 40.00  |                  |                       |             |              |                              |  |   |   |  |
| PRESIDENT AND CEO                |  |                  |                       | Х           |              |                              |  | 238,539.  | 0.  | 20,291.  |
| (2) ROBIN L. CLENDENING          | 40.00  |                  |                       |             |              |                              |  |   |   |  |
| CFO                              |  |                  |                       | Х           |              |                              |  | 161,482.  | 0.  | 2,228.   |
| (3) DEBBIE LAFERTY ASBILL        | 40.00  |                  |                       |             |              |                              |  |   |   |  |
| EXEC VP, MRKT & COMMUICATI       |  |                  |                       | Х           |              |                              |  | 143,184.  | 0.  | 18,337.  |
| (4) CORNELIUS J. LARRIVEE        | 40.00  |                  |                       |             |              |                              |  |   |   |  |
| VP OF MISSION ADVANCEMENT        |  |                  |                       | Х           |              |                              |  | 119,633.  | 0.  | 4,161.   |
| (5) GAYL DOSTER                  | 7.00   |                  |                       |             |              |                              |  |   |   |  |
| IMMEDIATE PAST CHAIRMAN          |  | Х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (6) DOUG PILERI                  | 4.00   | -                |                       |             |              |                              |  | _   | _   | _  |
| CHAIRMAN                         | 1  | Х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (7) DAVID SIMONS                 | 1.00   | -                |                       |             |              |                              |  | _   | _   | _  |
| DIRECTOR                         | +  | Х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (8) SAMUEL HODSON                | 2.50   | -                |                       |             |              |                              |  |   | _   |  |
| DIRECTOR                         | 1 00   | Х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (9) ANMOL MEHRA                  | 1.00   |                  |                       |             |              |                              |  |   | _   |  |
| DIRECTOR                         | 1 00   | Х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (10) ANDELIZ CASTILLO            | 1.00   | -                |                       |             |              |                              |  | 0.  | _   | ,  |
| DIRECTOR  (11) GARRIETE GGUARTON | 1 00   | Х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (11) GARRETT SCHARTON DIRECTOR   | 1.00   | x                |                       |             |              |                              |  | 0.  | 0.  |  |
| (12) GARTH GILMAN                | 1.00   | X                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| DIRECTOR                         | 1.00   | x                |                       |             |              |                              |  | 0.  | 0.  | _  |
| (13) RICHARD FLOYD               | 1.00   | Λ                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| DIRECTOR                         | 1.00   | x                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (14) STEPHEN MARSHALL            | 1.00   | Λ                |                       |             |              |                              |  | 0.  | 0.  | · ·  |
| DIRECTOR                         | 1.00   | x                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (15) HERMAN KNOLL                | 1.00   | Λ                |                       |             |              |                              |  | · · · · · · · · · · · · · · · · · · ·                       | · ·   | · ·  |
| DIRECTOR                         | 1.00   | x                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (16) ANTHONY TANG                | 1.00   |                  |                       |             |              |                              |  | •   | ••  |  |
| DIRECTOR                         | 1.30   | x                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
| (17) BARRY MORGAN                | 1.00   | Ť                |                       |             |              |                              | <del>                                     </del> | 1   | •   |  |
| DIRECTOR                         |  | х                |                       |             |              |                              |  | 0.  | 0.  | 0.   |
|                                  | 1  |                  |                       |             |              |                              | <u> </u>   | 1   | 1   | = 000 (sees)   |

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| Form 990 (2022) MUSIC FOR AI  | L, INC.  |      |                    |        |                          |        |            |   | 36-341304   | 2 Page <b>8</b>  |
|---|--|------|--------------------|--------|--------------------------|--------|------------|---|---|--|
| Part VII   Section A. Officers, Directors, True                               | stees, Key Em  | oloy | ees,               | and    | Hi                       | ghes   | t C        | ompensated Employee   | s (continued)   |  |
| (A)   | (B)  |      |                    | (0     | <b>C</b> )               |        |            | (D)   | (E)   | (F)  |
| Name and title  | Average hours per week (list any hours for related organizations below line) | box  | not cl<br>, cer an | ss per | more<br>rson i<br>irecto | than o | an<br>tee) | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | Estimated amount of other compensation from the organization and related organizations |
| (18) AYATAY SHABAZZ   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (19) MICHAEL BOGERS   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (20) RODNEY DORSEY  | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (21) ANNIE MARTINEZ   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (22) BOB MORRISON   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (23) JOHN M POLLARD   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (24) DAVID GOLDEN   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| VICE PRESIDENT  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (25) SAM LAURIN   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| (26) RICHARD C. CRAIN   | 1.00   |      |                    |        |                          |        |            |   |   |  |
| DIRECTOR  |  | Х    |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| 1b Subtotal   |  |      |                    |        |                          |        |            | 662,838.  | 0.  | 45,017.  |
| c Total from continuation sheets to Part V                                    | II, Section A  |      |                    |        |                          |        |            | 0.  | 0.  | 0.   |
| d Total (add lines 1b and 1c)   |  |      |                    |        |                          |        |            | 662,838.  | 0.  | 45,017.  |
| Total number of individuals (including but compensation from the organization | not limited to th  | ose  | liste              | d ab   | ove                      | ) wh   | o re       | ceived more than \$100,   | 000 of reportable   | 4  |
|   |  |      |                    |        |                          |        |            |   |   | Van Na   |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on          |   |     |    |
|   | line 1a? If "Yes," complete Schedule J for such individual   | 3 |     | X  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization   |   |     |    |
|   | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual                        | 4 | Х   |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services |   |     |    |
|   | rendered to the organization? If "Voo." complete Schodule, I for such person   | 5 |     | х  |

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address NONE  | (B) Description of services            | (C)<br>Compensation |
|---|--|---------------------|
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
| Total number of independent contractors (including but not limited to those | e listed above) who received more than |                     |

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|  |    |   | Check if Schedule O contains  | a response o | or note to any lin    | e in this Part VIII |                   |                  |                                      |
|--|----|---|---|--------------|-----------------------|---------------------|-------------------|------------------|--------------------------------------|
|  |    |   | Check if Correduce C correlation  | a response t | or riote to driy iiii | (A)                 | (B)               | (C)              | (D)                                  |
|  |    |   |   |              |                       | Total revenue       | Related or exempt | Unrelated        | Revenue excluded                     |
|  |    |   |   |              |                       |                     | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | -  | _   | Endorsted compaigns   | 1a           |                       |                     |                   |                  | 00011011010112                       |
|  | '  |   | Federated campaigns   |              |                       |                     |                   |                  |                                      |
| င်္ပိ ဋ  |    |   | Membership dues   |              |                       |                     |                   |                  |                                      |
| Fts,   |    |   | Fundraising events  |              |                       |                     |                   |                  |                                      |
| ig ig  |    |   | Related organizations   |              | 1,306,964.            |                     |                   |                  |                                      |
| Sir  |    |   | Government grants (contributions)<br>All other contributions, gifts, grants, ar |              | 1,300,301.            |                     |                   |                  |                                      |
| e E  |    | ٠   | similar amounts not included above  | 1 1          | 180,589.              |                     |                   |                  |                                      |
| 를<br>클   |    | ~   | Noncash contributions included in lines 1a-1f                                   | 1g \$        | 29,200.               |                     |                   |                  |                                      |
| io d   |    | _   | Total. Add lines 1a-1f  | IGΙΦ         | 25,200.               | 1,487,553.          |                   |                  |                                      |
| 0 0  |    | <u>''</u>   | Total: Add lines 1a-11  |              | Business Code         | 2,20,,000.          |                   |                  |                                      |
|  | 2  | _   | TICKET FEES   |              | 711190                | 5,136,499.          | 5,136,499.        |                  |                                      |
| je   | _  |   | EVENT FEES  | 711190       | 1,539,856.            | 1,539,856.          |                   |                  |                                      |
| žer,   |    | ~   | COMMISSIONS   | 711190       | 955,862.              | 955,862.            |                   |                  |                                      |
| m S  |    | •   | HOUSING AND MEAL FEES   | 711190       | 179,546.              | ,,,,,,,             |                   | 179,546.         |                                      |
| gra<br>Re  |    | _   |   | ,1115        | 275,616.              |                     |                   | 275,020.         |                                      |
| Program Service<br>Revenue                             |    | e<br>f  | All other program service revenue   |              |                       |                     |                   |                  |                                      |
| _  |    |   | Total. Add lines 2a-2f  |              |                       | 7,811,763.          |                   |                  |                                      |
|  | 3  | 9   |   |              |                       | .,,                 |                   |                  |                                      |
|  | Ū  | 3 Investment income (including dividends, interest other similar amounts) |   |              |                       | 156,096.            |                   |                  | 156,096.                             |
|  | 4  |   | Income from investment of tax-exe   |              |                       | , -                 |                   |                  | ,                                    |
|  | 5  |   | Royalties   |              | occcus                |                     |                   |                  |                                      |
|  | Ŭ  |   | Tioyanies   | (i) Real     | (ii) Personal         |                     |                   |                  |                                      |
|  | 6  | a   | Gross rents 6a  | ()           | ( )                   |                     |                   |                  |                                      |
|  |    |   | Less: rental expenses 6b  |              |                       |                     |                   |                  |                                      |
|  |    |   | Rental income or (loss) 6c  |              |                       |                     |                   |                  |                                      |
|  |    |   | Net rental income or (loss)   |              |                       |                     |                   |                  |                                      |
|  |    |   | ` '   | Securities   | (ii) Other            |                     |                   |                  |                                      |
|  | •  | _   | assets other than inventory <b>7a</b>   | 50,000.      |                       |                     |                   |                  |                                      |
|  |    | b   | Less: cost or other basis   |              |                       |                     |                   |                  |                                      |
| <u>e</u>   |    | _   | and sales expenses 7b   | 49,803.      |                       |                     |                   |                  |                                      |
| her Revenue  |    | С   | Gain or (loss) 7c   | 197.         |                       |                     |                   |                  |                                      |
| 3e   |    |   | Net gain or (loss)  |              |                       | 197.                |                   |                  | 197.                                 |
| e  |    |   | Gross income from fundraising events  |              |                       |                     |                   |                  |                                      |
| 퉏  | _  |   | including \$  | ` of         |                       |                     |                   |                  |                                      |
|  |    |   | contributions reported on line 1c).   | _            |                       |                     |                   |                  |                                      |
|  |    |   | Part IV, line 18  | I            |                       |                     |                   |                  |                                      |
|  |    | b   | Less: direct expenses   |              |                       |                     |                   |                  |                                      |
|  |    | С   | Net income or (loss) from fundraisi   | ng events    |                       |                     |                   |                  |                                      |
|  | 9  | а   | Gross income from gaming activiti   | es. See      |                       |                     |                   |                  |                                      |
|  |    |   | Part IV, line 19  | 9a           |                       |                     |                   |                  |                                      |
|  |    | b   | Less: direct expenses   |              |                       |                     |                   |                  |                                      |
|  |    |   | Net income or (loss) from gaming a  |              |                       |                     |                   |                  |                                      |
|  | 10 | а   | Gross sales of inventory, less retur  | ns           |                       |                     |                   |                  |                                      |
|  |    |   | and allowances  | 10a          | 29,625.               |                     |                   |                  |                                      |
|  |    | b   | Less: cost of goods sold  |              | 29,902.               |                     |                   |                  |                                      |
|  |    | С   | Net income or (loss) from sales of  | nventory     |                       | -277.               | -277.             |                  |                                      |
| S  |    |   |   |              | Business Code         |                     |                   |                  |                                      |
| o a  | 11 |   | SPONSORSHIP REVENUE   |              | 541800                | 817,840.            |                   |                  | 817,840.                             |
| ane  |    | b   | MISCELLANEOUS REVENUE   |              | 900099                | 12,254.             | 12,254.           |                  |                                      |
| cell<br>ev   |    | С   |   |              |                       |                     |                   |                  |                                      |
| Miscellaneous<br>Revenue                               |    | d   | All other revenue   |              |                       |                     |                   |                  |                                      |
|  |    | e   | Total. Add lines 11a-11d  |              |                       | 830,094.            |                   |                  |                                      |
|  | 12 |   | Total revenue. See instructions   |              |                       | 10,285,426.         | 7,644,194.        | 0.               | 1,153,679.                           |

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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 responsion include amounts reported on lines 6b, 9b, and 10b of Part VIII.                                       | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b> Fundraising expenses |
|---------------|---|-----------------------|------------------------------|-------------------------------------|----------------------------------|
|               | ants and other assistance to domestic organizations   |                       |                              |                                     |                                  |
| <b>2</b> Gra  | ants and other assistance to domestic   |                       |                              |                                     |                                  |
|               | lividuals. See Part IV, line 22   |                       |                              |                                     |                                  |
|               | ants and other assistance to foreign  |                       |                              |                                     |                                  |
|               | ganizations, foreign governments, and foreign   |                       |                              |                                     |                                  |
|               | lividuals. See Part IV, lines 15 and 16   |                       |                              |                                     |                                  |
|               | mpensation of current officers, directors,  |                       |                              |                                     |                                  |
|               |   | 672,022.              | 497,886.                     | 113,827.                            | 60,309                           |
|               | mpensation not included above to disqualified   | 3,2,322.              | 257,000                      | 110,017.                            | 00,005                           |
|               | sons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                  |
| •             | sons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                  |
|               | ner salaries and wages  | 1,918,215.            | 1,421,160.                   | 324,908.                            | 172,147                          |
|               | nsion plan accruals and contributions (include  |                       |                              |                                     |                                  |
|               | tion 401(k) and 403(b) employer contributions)  | 57,485.               | 43,804.                      | 11,497.                             | 2,184                            |
|               | ner employee benefits   | 318,083.              | 241,358.                     | 62,796.                             | 13,929                           |
|               | yroll taxes   | 182,619.              | 130,088.                     | 34,143.                             | 18,388                           |
|               | es for services (nonemployees):   | , -                   | , .                          | , -                                 | ,                                |
|               | unagement   |                       |                              |                                     |                                  |
|               | gal   |                       |                              |                                     |                                  |
|               | counting  |                       |                              |                                     |                                  |
|               | bbying  |                       |                              |                                     |                                  |
|               | ofessional fundraising services. See Part IV, line 17   |                       |                              |                                     |                                  |
|               | estment management fees   |                       |                              |                                     |                                  |
|               | ner. (If line 11g amount exceeds 10% of line 25,  |                       |                              |                                     |                                  |
| •             | umn (A), amount, list line 11g expenses on Sch O.)  |                       |                              |                                     |                                  |
|               | vertising and promotion   | 66,045.               | 66,045.                      |                                     |                                  |
|               | ice expenses  | 156,098.              | 116,180.                     | 35,912.                             | 4,006                            |
|               | ormation technology   | 297,931.              | 227,424.                     | 58,917.                             | 11,590                           |
|               | yalties   | 13,841.               | 13,841.                      | ·                                   | ·                                |
|               | cupancy   | 41,068.               | 24,927.                      | 13,564.                             | 2,577                            |
|               | avel  | 1,170,979.            | 1,156,103.                   | 12,501.                             | 2,375                            |
|               | yments of travel or entertainment expenses  |                       |                              |                                     |                                  |
| •             | any federal, state, or local public officials   |                       |                              |                                     |                                  |
|               | nferences, conventions, and meetings  |                       |                              |                                     |                                  |
|               | erest   |                       |                              |                                     |                                  |
|               | yments to affiliates  |                       |                              |                                     |                                  |
|               | preciation, depletion, and amortization   | 22,645.               | 17,256.                      | 4,529.                              | 860                              |
|               | urance  | 87,545.               | 66,710.                      | 17,509.                             | 3,326                            |
| <b>24</b> Oth | er expenses. Itemize expenses not covered   |                       |                              |                                     |                                  |
| line          | ove. (List miscellaneous expenses on line 24e. If a 24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.) |                       |                              |                                     |                                  |
|               | NTRACTED SERVICES   | 1,020,707.            | 1,004,304.                   | 12,218.                             | 4,185                            |
|               | CILITY RENTAL   | 778,204.              | 778,204.                     | ,                                   | _,                               |
| ~ —           | INICIANS AND JUDGES F   | 398,494.              | 398,494.                     |                                     |                                  |
| · —           | RTICIPANT HOUSING AND   | 298,862.              | 298,862.                     |                                     |                                  |
|               | other expenses  | 600,040.              | 571,608.                     | 23,999.                             | 4,433                            |
|               | al functional expenses. Add lines 1 through 24e   | 8,100,883.            | 7,074,254.                   | 726,320.                            | 300,309                          |
|               | nt costs. Complete this line only if the organization   | , ,                   | , , ,                        | , ,                                 | ,                                |
|               | orted in column (B) joint costs from a combined   |                       |                              |                                     |                                  |
|               | icational campaign and fundraising solicitation.  |                       |                              |                                     |                                  |
|               | eck here if following SOP 98-2 (ASC 958-720)  |                       |                              |                                     |                                  |

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| Pai                         | rt X | Balance Sheet                                     |               |                     |                          |          |                           |
|-----------------------------|------|---|---------------|---------------------|--------------------------|----------|---------------------------|
|                             |      | Check if Schedule O contains a response or        | note to any   | line in this Part X |                          |          |                           |
|                             |      |   |               |                     | (A)<br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                       |               |                     | 9,082,912.               | 1        | 6,303,847.                |
|                             | 2    | Savings and temporary cash investments            | 49,991.       | 2                   | 648,150.                 |          |                           |
|                             | 3    | Pledges and grants receivable, net                |               | 3                   |                          |          |                           |
|                             | 4    | Accounts receivable, net                          |               |                     | 258,965.                 | 4        | 180,644.                  |
|                             | 5    | Loans and other receivables from any curren       |               |                     |                          |          |                           |
|                             |      | trustee, key employee, creator or founder, su     | bstantial co  | ontributor, or 35%  |                          |          |                           |
|                             |      | controlled entity or family member of any of t    | hese perso    | ns                  |                          | 5        |                           |
|                             | 6    | Loans and other receivables from other disqu      | ualified pers |                     |                          |          |                           |
|                             |      | under section 4958(f)(1)), and persons descri     | bed in sect   | ion 4958(c)(3)(B)   |                          | 6        |                           |
| Ś                           | 7    | Notes and loans receivable, net                   |               |                     |                          | 7        |                           |
| Assets                      | 8    | Inventories for sale or use                       |               |                     |                          | 8        |                           |
| As                          | 9    | Duran side and a second all forms of all and a    |               |                     | 154,226.                 | 9        | 264,620.                  |
|                             | 10a  | Land, buildings, and equipment: cost or other     | er            |                     |                          |          |                           |
|                             |      | basis. Complete Part VI of Schedule D             | 10a           | 1,220,946.          |                          |          |                           |
|                             | b    | Less: accumulated depreciation                    | 10b           | 1,143,764.          | 98,049.                  | 10c      | 77,182.                   |
|                             | 11   | Investments - publicly traded securities          |               |                     | 0.                       | 11       | 4,894,076.                |
|                             | 12   | Investments - other securities. See Part IV, lir  |               |                     |                          | 12       |                           |
|                             | 13   | Investments - program-related. See Part IV, li    |               |                     | 13                       |          |                           |
|                             | 14   | Intangible assets                                 |               | 20,000.             | 14                       | 20,000.  |                           |
|                             | 15   | Other assets. See Part IV, line 11                |               | 137,712.            | 15                       | 178,146. |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must e      | 9,801,855.    | 16                  | 12,566,665.              |          |                           |
|                             | 17   | Accounts payable and accrued expenses             |               | 462,067.            | 17                       | 535,460. |                           |
|                             | 18   | Grants payable                                    |               |                     |                          | 18       |                           |
|                             | 19   | Deferred revenue                                  |               |                     | 1,818,591.               | 19       | 2,211,370.                |
|                             | 20   | Tax-exempt bond liabilities                       |               |                     |                          | 20       |                           |
|                             | 21   | Escrow or custodial account liability. Comple     | ete Part IV o | of Schedule D       |                          | 21       |                           |
| S                           | 22   | Loans and other payables to any current or for    | ormer office  | er, director,       |                          |          |                           |
| Liabilities                 |      | trustee, key employee, creator or founder, su     | ıbstantial c  | ontributor, or 35%  |                          |          |                           |
| abi                         |      | controlled entity or family member of any of t    | ns            |                     | 22                       |          |                           |
|                             | 23   | Secured mortgages and notes payable to un         | related thire | d parties           |                          | 23       |                           |
|                             | 24   | Unsecured notes and loans payable to unrela       | ated third p  | arties              |                          | 24       |                           |
|                             | 25   | Other liabilities (including federal income tax,  | payables t    | o related third     |                          |          |                           |
|                             |      | parties, and other liabilities not included on li | nes 17-24).   | Complete Part X     |                          |          |                           |
|                             |      | of Schedule D                                     |               | L                   | 26,410.                  | 25       | 71,211.                   |
|                             | 26   | Total liabilities. Add lines 17 through 25        |               |                     | 2,307,068.               | 26       | 2,818,041.                |
| "                           |      | Organizations that follow FASB ASC 958, or        | check here    | , X                 |                          |          |                           |
| Š                           |      | and complete lines 27, 28, 32, and 33.            |               |                     |                          |          |                           |
| <u>la</u>                   | 27   | Net assets without donor restrictions             |               |                     | 7,361,172.               | 27       | 9,603,657.                |
| Ba                          | 28   | Net assets with donor restrictions                |               |                     | 133,615.                 | 28       | 144,967.                  |
| n n                         |      | Organizations that do not follow FASB AS6         | C 958, che    | ck here             |                          |          |                           |
| Ē                           |      | and complete lines 29 through 33.                 |               |                     |                          |          |                           |
| ş                           | 29   | Capital stock or trust principal, or current fun  |               |                     |                          | 29       |                           |
| sse                         | 30   | Paid-in or capital surplus, or land, building, o  |               |                     |                          | 30       |                           |
| Net Assets or Fund Balances | 31   | Retained earnings, endowment, accumulated         |               |                     |                          | 31       |                           |
| Se                          | 32   | Total net assets or fund balances                 |               |                     | 7,494,787.               | 32       | 9,748,624.                |
|                             | 33   | Total liabilities and net assets/fund balances    |               |                     | 9,801,855.               | 33       | 12,566,665.               |

36-3413042

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** MUSIC FOR ALL 36-3413042 TNC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or Х An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec  | ction A. Public Support                        |                       |                      |                      |                      |                     |                 |
|------|--|-----------------------|----------------------|----------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)        | (a) 2018              | <b>(b)</b> 2019      | (c) 2020             | (d) 2021             | (e) 2022            | (f) Total       |
| 1    | Gifts, grants, contributions, and              |                       |                      |                      |                      |                     |                 |
|      | membership fees received. (Do not              |                       |                      |                      |                      |                     |                 |
|      | include any "unusual grants.")                 |                       |                      |                      |                      |                     |                 |
| 2    | Tax revenues levied for the organ-             |                       |                      |                      |                      |                     |                 |
|      | ization's benefit and either paid to           |                       |                      |                      |                      |                     |                 |
|      | or expended on its behalf                      |                       |                      |                      |                      |                     |                 |
| 3    | The value of services or facilities            |                       |                      |                      |                      |                     |                 |
| Ū    | furnished by a governmental unit to            |                       |                      |                      |                      |                     |                 |
|      | the organization without charge                |                       |                      |                      |                      |                     |                 |
| 1    | <b>Total.</b> Add lines 1 through 3            |                       |                      |                      |                      |                     |                 |
| 5    | The portion of total contributions             |                       |                      |                      |                      |                     |                 |
| 3    | by each person (other than a                   |                       |                      |                      |                      |                     |                 |
|      | governmental unit or publicly                  |                       |                      |                      |                      |                     |                 |
|      | supported organization) included               |                       |                      |                      |                      |                     |                 |
|      | on line 1 that exceeds 2% of the               |                       |                      |                      |                      |                     |                 |
|      |  |                       |                      |                      |                      |                     |                 |
|      | amount shown on line 11, column (f)            |                       |                      |                      |                      |                     |                 |
|      | ***************************************        |                       |                      |                      |                      |                     |                 |
|      | Public support. Subtract line 5 from line 4.   |                       |                      |                      |                      |                     |                 |
|      |  | (-) 0040              | (1.) 0040            | (-) 0000             | (-1) 0004            | (-) 0000            | (0) T-1-1       |
|      | ndar year (or fiscal year beginning in)        | (a) 2018              | <b>(b)</b> 2019      | (c) 2020             | (d) 2021             | (e) 2022            | (f) Total       |
| _    | Amounts from line 4                            |                       |                      |                      |                      |                     | <u> </u>        |
| 8    | Gross income from interest,                    |                       |                      |                      |                      |                     |                 |
|      | dividends, payments received on                |                       |                      |                      |                      |                     |                 |
|      | securities loans, rents, royalties,            |                       |                      |                      |                      |                     |                 |
|      | and income from similar sources                |                       |                      |                      |                      |                     |                 |
| 9    | Net income from unrelated business             |                       |                      |                      |                      |                     |                 |
|      | activities, whether or not the                 |                       |                      |                      |                      |                     |                 |
|      | business is regularly carried on               |                       |                      |                      |                      |                     |                 |
| 10   | Other income. Do not include gain              |                       |                      |                      |                      |                     |                 |
|      | or loss from the sale of capital               |                       |                      |                      |                      |                     |                 |
|      | assets (Explain in Part VI.)                   |                       |                      |                      |                      |                     |                 |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                      |                      |                      |                     |                 |
| 12   | Gross receipts from related activities,        | etc. (see instruction | ons)                 |                      |                      | 12                  |                 |
| 13   | First 5 years. If the Form 990 is for the      | ne organization's fi  | rst, second, third,  | fourth, or fifth tax | year as a section 5  | 501(c)(3)           |                 |
| _    | organization, check this box and stop          |                       |                      |                      |                      |                     |                 |
| Se   | ction C. Computation of Publi                  | c Support Per         | centage              |                      |                      |                     |                 |
| 14   | Public support percentage for 2022 (I          | ine 6, column (f), d  | livided by line 11,  | column (f))          |                      | 14                  | %               |
| 15   | Public support percentage from 2021            | Schedule A, Part      | II, line 14          |                      |                      | 15                  | %               |
| 16a  | 33 1/3% support test - 2022. If the            | organization did no   | ot check the box o   | n line 13, and line  | 14 is 33 1/3% or m   | nore, check this bo | x and           |
|      | stop here. The organization qualifies          | as a publicly supp    | orted organization   | ·                    |                      |                     |                 |
| b    | 33 1/3% support test - 2021. If the            | organization did no   | ot check a box on    | line 13 or 16a, and  | l line 15 is 33 1/3% | or more, check th   | is box          |
|      | and stop here. The organization qual           | ifies as a publicly   | supported organiz    | ation                |                      |                     |                 |
| 17a  | 10% -facts-and-circumstances test              | - 2022. If the org    | ganization did not   | check a box on line  | e 13, 16a, or 16b,   | and line 14 is 10%  | or more,        |
|      | and if the organization meets the fact         | s-and-circumstanc     | es test, check this  | box and stop he      | ere. Explain in Part | VI how the organiz  | zation          |
|      | meets the facts-and-circumstances te           | st. The organization  | on qualifies as a pu | ublicly supported o  | organization         |                     |                 |
| b    | 10% -facts-and-circumstances test              | -                     | •                    |                      | -                    |                     |                 |
|      | more, and if the organization meets the        | _                     |                      |                      |                      |                     |                 |
|      | organization meets the facts-and-circle        |                       |                      |                      |                      |                     |                 |
| 18   | <b>Private foundation.</b> If the organization |                       |                      |                      |                      |                     |                 |
|      | <u> </u>                                       |                       | ,                    | . ,                  |                      |                     | (Form 990) 2022 |

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Page 2

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

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

| Sec  | etion A. Public Support  | <u> </u>   |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| Cale   | ndar year (or fiscal year beginning in)  | (a) 2018   | <b>(b)</b> 2019  | (c) 2020   | (d) 2021   | (e) 2022  | (f) Total  |
|  | Gifts, grants, contributions, and  |  |  | • •  |  |   |  |
|  | membership fees received. (Do not  |  |  |  |  |   |  |
|  | include any "unusual grants.")   | 384,479.   | 312,941.   | 1,156,503.   | 5,779,187.   | 1,487,553.  | 9,120,663.   |
| 2  | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose   | 7,255,422.   | 7,706,865.   | 1,443,593.   | 8,097,429.   | 8,479,691.  | 32,983,000.  |
| 3  | Gross receipts from activities that  |  |  |  |  |   |  |
|  | are not an unrelated trade or bus-   |  |  |  |  |   |  |
|  | iness under section 513  | 2,409,838.   | 2,144,114.   | 635,703.   | 340,238.   | 191,800.  | 5,721,693.   |
| 4  | Tax revenues levied for the organ-   |  |  |  |  |   |  |
|  | ization's benefit and either paid to   |  |  |  |  |   |  |
|  | or expended on its behalf  |  |  |  |  |   |  |
| 5  | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |  |  |  |   |  |
| 6  | Total. Add lines 1 through 5   | 10,049,739.  | 10,163,920.  | 3,235,799.   | 14,216,854.  | 10,159,044.   | 47,825,356.  |
|  | Amounts included on lines 1, 2, and  | _ , , , , , , , , , , , , , , , , , , ,  |  | , , = , = , . = , .  | ,,   | _ , , _ , _ ,   |  |
|  | 3 received from disqualified persons   |  |  |  |  |   | 0.   |
| 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.   |
|  | Public support. (Subtract line 7c from line 6.)  |  |  |  |  |   | 47,825,356.  |
|  | ction B. Total Support   |  | •  |  |  |   |  |
| Cale   | ndar year (or fiscal year beginning in)  | (a) 2018   | <b>(b)</b> 2019  | (c) 2020   | (d) 2021   | (e) 2022  | (f) Total  |
|  |  |  |  |  |  |   |  |
|  |  | 10,049,739.  | 10,163,920.  | 3,235,799.   | 14,216,854.  | 10,159,044.   | 47,825,356.  |
| 9  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  | 14,216,854.<br>744.  | 10,159,044.   | 47,825,356.<br>228,726.  |
| 9<br>10a   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,  | 10,049,739.  | 10,163,920.  | 3,235,799.   |  |   |  |
| 9<br>10a   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 10,049,739.  | 10,163,920.  | 3,235,799.   |  |   |  |
| 9<br>10a   | Amounts from line 6  | 10,049,739.  | 10,163,920.  | 3,235,799.   |  |   |  |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 10,049,739.<br>30,307.   | 10,163,920.<br>29,729.   | 3,235,799.   |  |   | 228,726.   |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses   | 10,049,739.<br>30,307.<br>33,797.  | 10,163,920.<br>29,729.<br>29,810.  | 3,235,799.<br>11,850.  | 744.   | 156,096.  | 228,726.   |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is   | 30,307.<br>33,797.<br>64,104.  | 29,729.<br>29,810.<br>59,539.  | 3,235,799.<br>11,850.  | 744.   | 156,096.<br>156,096.  | 228,726.<br>63,607.<br>292,333.  |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)   | 30,307.<br>33,797.<br>64,104.  | 29,729.<br>29,810.<br>59,539.  | 3,235,799.<br>11,850.<br>11,850.   | 744.   | 156,096.<br>156,096.<br>10,315,140.   | 228,726.<br>63,607.<br>292,333.<br>48,117,689.                                     |
| 9<br>10a<br>b  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the   | 30,307. 33,797. 64,104.  10,113,843. ne organization's fir   | 29,729.  29,810. 59,539.  10,223,459. st, second, third, for   | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  | 744. 744. 14,217,598. ear as a section 5   | 156,096.<br>156,096.<br>10,315,140.<br>O1(c)(3) organizatio   | 228,726.  63,607. 292,333.  48,117,689. nn,  |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here  | 30,307.  33,797. 64,104.  10,113,843. ne organization's fire   | 29,729.  29,810. 59,539.  10,223,459. st, second, third, formula (10,163,920).   | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  | 744. 744. 14,217,598. ear as a section 5   | 156,096.<br>156,096.<br>10,315,140.<br>O1(c)(3) organizatio   | 228,726.  63,607. 292,333.  48,117,689. nn,  |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Sec                                  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here  | 30,307.  33,797. 64,104.  10,113,843. ne organization's fir  | 10,163,920.  29,729.  29,810.  59,539.  10,223,459.  st, second, third, formation of the contage   | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  | 744. 744. 14,217,598. ear as a section 5   | 156,096.<br>156,096.<br>10,315,140.<br>O1(c)(3) organizatio   | 228,726.  63,607. 292,333.  48,117,689. in,  |
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| 9<br>10a<br>b<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16                           | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 extion D. Computation of Inves   | 30,307.  33,797. 64,104.  10,113,843.  ae organization's fir  c Support Peroine 8, column (f), di Schedule A, Part Internet Income   | 29,729.  29,810. 59,539.  10,223,459. st, second, third, forcentage vided by line 13, colling in the second state of the secon | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  | 744. 744. 14,217,598. ear as a section 5   | 156,096.<br>156,096.<br>10,315,140.<br>D1(c)(3) organization  | 228,726.  63,607. 292,333.  48,117,689. in,  |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17         | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public support percentage for 2022 (li Public support percentage from 2021 cition D. Computation of Investinest income percentage for 2021 investment income percentage for 2021.  | 30,307.  33,797. 64,104.  10,113,843. The organization's firm the street of the street | 29,729.  29,810. 59,539.  10,223,459. st, second, third, forcentage vided by line 13, c. II, line 15 Percentage on (f), divided by line  | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  | 744. 744. 14,217,598. ear as a section 5   | 156,096.<br>156,096.<br>10,315,140.<br>01(c)(3) organizatio   | 228,726.  63,607. 292,333.  48,117,689.  nn,  99.39 % 99.62 % .61 %                |
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| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>17<br>18                      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage from 2021 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage Investment Income percentage Investment Income 20 Invest | 30,307.  33,797. 64,104.  10,113,843. The organization's firm and the second of the se | 29,729.  29,810.  59,539.  10,223,459.  st, second, third, for the contage (vided by line 13, coll, line 15)  Percentage (vided by line 17)  ot check the box of the collection (vided by line 17)  | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  olumn (f))  ne 13, column (f))  n line 14, and line   | 744.  744.  14,217,598. ear as a section 5   | 156,096.<br>156,096.<br>10,315,140.<br>01(c)(3) organization<br>15<br>16<br>17<br>18<br>3 1/3%, and line 17       | 228,726.  63,607. 292,333.  48,117,689. in,  99.39 % 99.62 %  .61 % .38 % 7 is not |
| 9<br>10a<br>b<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public Public support percentage from 2021 extion D. Computation of Inves Investment income percentage from 23 1/3% support tests - 2022. If the more than 33 1/3%, check this box ar   | 30,307.  33,797. 64,104.  10,113,843. The organization's firmer second (f), dischedule A, Part Street Income (2021 Schedule A, organization did not stop here. The   | 29,729.  29,810. 59,539.  10,223,459. st, second, third, forcentage vided by line 13, coll, line 15 Percentage nn (f), divided by line 17 ot check the box oorganization qualif  | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  olumn (f))  ne 13, column (f))  n line 14, and line lies as a publicly si                     | 744.  744.  14,217,598. ear as a section 5   | 156,096.  156,096.  10,315,140.  01(c)(3) organization  15 16  17 18 3 1/3%, and line 17 tion                     | 228,726.  63,607. 292,333.  48,117,689. in,  99.39 % 99.62 %  61 % .38 % 7 is not  |
| 9<br>10a<br>b<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage from 2021 ction D. Computation of Inves Investment income percentage from 20 Investment income percentage Investment Income percentage Investment Income 20 Invest | 30,307.  33,797. 64,104.  10,113,843. The organization's firmer s, column (f), dischedule A, Part International Schedule A, organization did not stop here. The organization did not stop here. The organization did not stop here.  | 29,729.  29,810. 59,539.  10,223,459. st, second, third, formula to the contage and (f), divided by line 15. Percentage and (f), divided by line 17. ot check the box of corganization qualified to check a box on the contage and contage and (f).  | 3,235,799.  11,850.  11,850.  3,247,649.  ourth, or fifth tax y  column (f))  ne 13, column (f))  n line 14, and line ies as a publicly si line 14 or line 19a | 744.  744.  14,217,598.  Tear as a section 5  To see than 3  To se | 156,096.  156,096.  10,315,140.  01(c)(3) organization  15 16  17 18 3 1/3%, and line 17 ition re than 33 1/3%, a | 228,726.  63,607. 292,333.  48,117,689. in,  99.39 % 99.62 %  61 % .38 % 7 is not  |

Schedule A (Form 990) 2022 MUSIC FOR ALL, INC. 36-3413042 Page 4

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing     |
|---|--|
|   | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by |
|   | class or purpose, describe the designation. If historic and continuing relationship, explain.            |

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
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| Pai | t IV   Supporting Organizations (continued)  |          |     |    |
|-----|--|----------|-----|----|
|     |  |          | 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 on lines 11b and   |          |     |    |
|     | 11c below, the governing body of a supported organization?   | 11a      |     |    |
| b   | A family member of a person described on line 11a above?   | 11b      |     |    |
| С   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |          |     |    |
|     | detail in Part VI.   | 11c      |     |    |
| Sec | tion B. Type I Supporting Organizations  |          |     |    |
|     |  |          | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |          |     |    |
| 2   | 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,  |          |     |    |
| 800 | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations  | 2        |     |    |
| Sec | non c. Type ii Supporting Organizations  |          | 1   |    |
|     |  |          | 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   |          |     |    |
| 800 | the supported organization(s).   | 1        |     |    |
| Sec | tion D. All Type III Supporting Organizations  |          |     |    |
|     | ſ  |          | 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 on line 2, above, did the organization's supported organizations have a  |          |     |    |
|     | significant voice in the organization's investment policies and in directing the use of the organization's   |          |     |    |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |          |     |    |
|     | supported organizations played in this regard.   | 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 governmental entity (see inst  | truction | s). |    |
| 2   | Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement,  |          |     |    |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |          |     |    |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |          |     |    |
|     | these activities but for the organization's involvement.   | 2b       |     |    |
| 3   | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |          |     |    |
| 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? If "Yes" or "No" provide details in <b>Part VI.</b>   | За       |     |    |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |          |     |    |
| -   | of its supported organizations? If "Vos " describe in Part VI the selection of the experimental in this regard   | 3h       |     |    |

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| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting  | ıg Orgar      | nizations                   |                                |  |  |  |
|------|---|---------------|-----------------------------|--------------------------------|--|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. |               |                             |                                |  |  |  |
|      | All other Type III non-functionally integrated supporting organizations mus   |               | •                           |                                |  |  |  |
| Sect | ion A - Adjusted Net Income   |               | (A) Prior Year              | (B) Current Year<br>(optional) |  |  |  |
| 1    | Net short-term capital gain   | 1             |                             |                                |  |  |  |
| 2    | Recoveries of prior-year distributions  | 2             |                             |                                |  |  |  |
| _3_  | Other gross income (see instructions)   | 3             |                             |                                |  |  |  |
| _4   | Add lines 1 through 3.  | 4             |                             |                                |  |  |  |
| _5   | Depreciation and depletion  | 5             |                             |                                |  |  |  |
| 6    | Portion of operating expenses paid or incurred for production or  |               |                             |                                |  |  |  |
|      | collection of gross income or for management, conservation, or  |               |                             |                                |  |  |  |
|      | maintenance of property held for production of income (see instructions)  | 6             |                             |                                |  |  |  |
| _7   | Other expenses (see instructions)   | 7             |                             |                                |  |  |  |
| _8_  | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8             |                             |                                |  |  |  |
| Sect | ion B - Minimum Asset Amount  |               | (A) Prior Year              | (B) Current Year<br>(optional) |  |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |               |                             |                                |  |  |  |
|      | instructions for short tax year or assets held for part of year):   |               |                             |                                |  |  |  |
| а    | Average monthly value of securities   | 1a            |                             |                                |  |  |  |
| b    | Average monthly cash balances   | 1b            |                             |                                |  |  |  |
| С    | Fair market value of other non-exempt-use assets  | 1c            |                             |                                |  |  |  |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d            |                             |                                |  |  |  |
| е    | Discount claimed for blockage or other factors  |               |                             |                                |  |  |  |
|      | (explain in detail in Part VI):   |               |                             |                                |  |  |  |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2             |                             |                                |  |  |  |
| _3   | Subtract line 2 from line 1d.   | 3             |                             |                                |  |  |  |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,   |               |                             |                                |  |  |  |
|      | see instructions).  | 4             |                             |                                |  |  |  |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5             |                             |                                |  |  |  |
| _6   | Multiply line 5 by 0.035.   | 6             |                             |                                |  |  |  |
| _7_  | Recoveries of prior-year distributions  | 7             |                             |                                |  |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8             |                             |                                |  |  |  |
| Sect | ion C - Distributable Amount  |               |                             | Current Year                   |  |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)   | 1             |                             |                                |  |  |  |
| 2    | Enter 0.85 of line 1.   | 2             |                             |                                |  |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3             |                             |                                |  |  |  |
| 4    | Enter greater of line 2 or line 3.  | 4             |                             |                                |  |  |  |
| 5    | Income tax imposed in prior year  | 5             |                             |                                |  |  |  |
| 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-functiona   | lly integrate | ed Type III supporting orga | nization (see                  |  |  |  |
|      | instructions).  |               |                             |                                |  |  |  |

| Par   | t V Type III Non-Functionally Integrated 509(                   | (a)(3) Supporting Orga        | nizations (continued)          |                                  |
|-------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti | on D - Distributions  |                               |                                | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exer      | 1                             |                                |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemp   |                               |                                |                                  |
|       | organizations, in excess of income from activity                | 2                             |                                |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                              |                                  |
| 4     | Amounts paid to acquire exempt-use assets                       |                               | 4                              |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     | 5                              |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               | 6                              |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               | 7                              |                                  |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |                                |                                  |
|       | (provide details in Part VI). See instructions.                 |                               | 8                              |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6            |                               | 9                              |                                  |
| 10    | Line 8 amount divided by line 9 amount                          |                               | 10                             |                                  |
|       |   | (i)                           | (ii)                           | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)              | Excess Distributions          | Underdistributions<br>Pre-2022 | Distributable<br>Amount for 2022 |
| _1_   | Distributable amount for 2022 from Section C, line 6            |                               |                                |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-    |                               |                                |                                  |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                |                                  |
| _3_   | Excess distributions carryover, if any, to 2022                 |                               |                                |                                  |
| a     | From 2017   |                               |                                |                                  |
| b     | From 2018   |                               |                                |                                  |
| c     | From 2019   |                               |                                |                                  |
| d     | From 2020   |                               |                                |                                  |
| е     | From 2021   |                               |                                |                                  |
| f     | Total of lines 3a through 3e                                    |                               |                                |                                  |
| g     | Applied to underdistributions of prior years                    |                               |                                |                                  |
| h     | Applied to 2022 distributable amount                            |                               |                                |                                  |
| i_    | Carryover from 2017 not applied (see instructions)              |                               |                                |                                  |
| j_    | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                |                                  |
| 4     | Distributions for 2022 from Section D,                          |                               |                                |                                  |
|       | line 7: \$  |                               |                                |                                  |
| a     | Applied to underdistributions of prior years                    |                               |                                |                                  |
| b     | Applied to 2022 distributable amount                            |                               |                                |                                  |
| c     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                |                                  |
| 5     | Remaining underdistributions for years prior to 2022, if        |                               |                                |                                  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                |                                  |
|       | than zero, explain in Part VI. See instructions.                |                               |                                |                                  |
| 6     | Remaining underdistributions for 2022. Subtract lines 3h        |                               |                                |                                  |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                |                                  |
|       | Part VI. See instructions.                                      |                               |                                |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3j            |                               |                                |                                  |
|       | and 4c.   |                               |                                |                                  |
| 8     | Breakdown of line 7:  |                               |                                |                                  |
| а     | Excess from 2018  |                               |                                |                                  |
| b     | Excess from 2019  |                               |                                |                                  |
| с     | Excess from 2020  |                               |                                |                                  |
| d     | Excess from 2021  |                               |                                |                                  |
| е     | Excess from 2022  |                               |                                |                                  |

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

(Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

MUSIC FOR ALL, INC.

Bemployer identification number

36-3413042

| Organiza   | Organization type (check one):  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|
| Filers of: |   | Section:   |  |  |  |  |  |  |
| Form 990   | or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |  |  |
|            |   | 4947(a)(1) nonexempt charitable trust <b>not</b> 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   |  |  |  |  |  |  |
| Note: On   | lly a section 501(c)(   | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |  |  |  |
| General    | Rule  |  |  |  |  |  |  |  |
|            | -   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |  |  |  |  |  |  |
| Special I  | Rules   |  |  |  |  |  |  |  |
|            | sections 509(a)(1) a contributor, during  | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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. |  |  |  |  |  |  |  |
|            | year, contributions<br>is checked, enter h<br>purpose. Don't com  | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$ |  |  |  |  |  |  |
| answer "   | No" on Part IV, line  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).  |  |  |  |  |  |  |

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
|                      |                                |
| MUSIC FOR ALL INC.   | 36-3413042                     |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |   | \$5,000.                   | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$15,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 3          |   | \$                         | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 4          |   | \$5,000.                   | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 5          |   | \$10,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 6          |   | \$\$                       | Person Payroll Noncash X (Complete Part II for noncash contributions.)   |

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

MUSIC FOR ALL, INC.

36-3413042

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |   |                      |  |  |  |  |
|------------------------------|---|---|----------------------|--|--|--|--|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
| 6                            | CLOTHING FOR FALL EVENTS AND SUMMER SYMPOSIUM   | _   |                      |  |  |  |  |
|                              |   | \$\$                                      | 10/31/22             |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   |   |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   |   |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   |   |                      |  |  |  |  |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |  |  |  |  |
|                              |   |   |                      |  |  |  |  |
|                              |   | \$  |                      |  |  |  |  |

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Schedule B (Form 990) (2022)

Name of organization **Employer identification number** MUSIC FOR ALL, INC. 36-3413042 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

Page 4

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MUSIC FOR ALL, INC.

**Employer identification number** 36 - 3413042

| Pa  | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line |                           | Similar Funds        | or Accounts                             | <ul> <li>Complete if th</li> </ul> | е          |
|-----|--|---------------------------|----------------------|---|------------------------------------|------------|
|     | organization disenses to our our coo, raintry, mis   | (a) Donor advi            | sed funds            | (b) Funds                               | and other accou                    | nts        |
| 1   | Total number at end of year  |                           |                      |   |                                    |            |
| 2   | Aggregate value of contributions to (during year)  |                           |                      |   |                                    |            |
| 3   | Aggregate value of grants from (during year)   |                           |                      |   |                                    |            |
| 4   | Aggregate value at end of year   |                           |                      |   |                                    |            |
| 5   | Did the organization inform all donors and donor advisors in w                                 | vriting that the assets I | neld in donor advise | ed funds                                |                                    |            |
|     | are the organization's property, subject to the organization's e                               | exclusive legal control   | >                    |   | Yes                                | ☐ No       |
| 6   | Did the organization inform all grantees, donors, and donor ac                                 |                           |                      |   |                                    |            |
|     | for charitable purposes and not for the benefit of the donor or                                |                           |                      |   |                                    |            |
|     | impermissible private benefit?   |                           |                      |   | Yes                                | ☐ No       |
| Pai | rt II Conservation Easements. Complete if the org  |                           |                      |   |                                    |            |
| 1   | Purpose(s) of conservation easements held by the organizatio                                   | n (check all that apply   | ).                   |   |                                    |            |
|     | Preservation of land for public use (for example, recreat                                      | ion or education)         | Preservation of      | a historically imp                      | oortant land area                  |            |
|     | Protection of natural habitat  |                           | Preservation of      | a certified histor                      | ic structure                       |            |
|     | Preservation of open space   |                           |                      |   |                                    |            |
| 2   | Complete lines 2a through 2d if the organization held a qualifie                               | ed conservation contr     | bution in the form   | of a conservation                       | easement on th                     | e last     |
|     | day of the tax year.   |                           |                      | He                                      | ld at the End of th                | e Tax Year |
| а   | Total number of conservation easements   |                           |                      | 2a                                      |                                    |            |
| b   |  |                           |                      |   |                                    |            |
| С   | Number of conservation easements on a certified historic stru                                  | cture included in (a)     |                      | 2c                                      |                                    |            |
| d   | Number of conservation easements included in (c) acquired at                                   | fter July 25,2006, and    | not on a             |   |                                    |            |
|     | historic structure listed in the National Register   |                           |                      | 2d                                      |                                    |            |
| 3   | Number of conservation easements modified, transferred, rele                                   |                           |                      |   | ing the tax                        |            |
|     | year   |                           |                      |   |                                    |            |
| 4   | Number of states where property subject to conservation ease                                   | ement is located          |                      |   |                                    |            |
| 5   | Does the organization have a written policy regarding the period                               | odic monitoring, inspe    | ction, handling of   |   |                                    |            |
|     | violations, and enforcement of the conservation easements it                                   | holds?                    |                      |   | Yes                                | ☐ No       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                 | nandling of violations,   | and enforcing cons   | ervation easeme                         | nts during the ye                  | ear        |
|     |  |                           |                      |   |                                    |            |
| 7   | Amount of expenses incurred in monitoring, inspecting, handl                                   | ing of violations, and    | enforcing conservat  | ion easements d                         | uring the year                     |            |
|     |  |                           |                      |   |                                    |            |
| 8   | Does each conservation easement reported on line 2(d) above                                    | , ,                       | ,                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                    |            |
|     | and section 170(h)(4)(B)(ii)?  |                           |                      |   | Yes                                | No         |
| 9   | In Part XIII, describe how the organization reports conservation                               | n easements in its rev    | enue and expense     | statement and                           |                                    |            |
|     | balance sheet, and include, if applicable, the text of the footnot                             | ote to the organization   | 's financial stateme | ents that describe                      | es the                             |            |
| Da  | organization's accounting for conservation easements.  | Aut Historiaal To         |                      | O::I A                                  |                                    |            |
| Pal | organizations Maintaining Collections of   |                           | easures, or Ot       | ner Similar A                           | ssets.                             |            |
|     | Complete if the organization answered "Yes" on Form  |                           |                      |   |                                    |            |
| 1a  | If the organization elected, as permitted under FASB ASC 958                                   | '                         |                      |   |                                    |            |
|     | of art, historical treasures, or other similar assets held for publ                            |                           |                      | -                                       | lic                                |            |
|     | service, provide in Part XIII the text of the footnote to its finance                          |                           |                      |   |                                    |            |
| b   | , ,  |                           |                      |   |                                    |            |
|     | art, historical treasures, or other similar assets held for public                             | exhibition, education,    | or research in furth | erance of public                        | service,                           |            |
|     | provide the following amounts relating to these items:   |                           |                      |   |                                    |            |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                           |                      |   |                                    |            |
|     |  |                           |                      | \$_                                     |                                    |            |
| 2   | If the organization received or held works of art, historical trea                             |                           |                      | gain, provide                           |                                    |            |
|     | the following amounts required to be reported under FASB AS                                    |                           |                      |   |                                    |            |
|     | ,  |                           |                      |   |                                    |            |
|     | Assets included in Form 990, Part X  |                           |                      |   |                                    |            |
| LHA | For Paperwork Reduction Act Notice, see the Instructions                                       | for Form 990.             |                      | Sc                                      | hedule D (Form                     | 990) 2022  |

| Description of property                               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings                                    |                                      |                                 |                              |                |
| c Leasehold improvements                              |                                      | 771,758.                        | 767,661.                     | 4,097.         |
| d Equipment   |                                      | 449,188.                        | 376,103.                     | 73,085.        |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equa | l Form 990 Part X colun              | on (R) line 10c )               |                              | 77,182.        |

| Schedule D (Form 990) 2022 MUSIC FOR ALL, IN                         | c.                         | 3   | 6-3413042        | Page <b>3</b> |
|--|----------------------------|---|------------------|---------------|
| Part VII Investments - Other Securities.                             |                            |   |                  |               |
| Complete if the organization answered "Yes" o                        |                            | 11b. See Form 990, Part X, line 12.       |                  |               |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or en       | d-of-year market | value         |
| (1) Financial derivatives  |                            |   |                  |               |
| (2) Closely held equity interests                                    |                            |   |                  |               |
| (3) Other  |                            |   |                  |               |
| (A)  |                            |   |                  |               |
| (B)  |                            |   |                  |               |
| (C)  |                            |   |                  |               |
| (D)  |                            |   |                  |               |
| (E)  |                            |   |                  |               |
| (F)  |                            |   |                  |               |
| (G)  |                            |   |                  |               |
| (H)  |                            |   |                  |               |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                            |   |                  |               |
| Part VIII Investments - Program Related.                             |                            |   |                  |               |
| Complete if the organization answered "Yes" o                        |                            |   |                  |               |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or en       | d-of-year market | value         |
| (1)  |                            |   |                  |               |
| (2)  |                            |   |                  |               |
| (3)  |                            |   |                  |               |
| (4)  |                            |   |                  |               |
| (5)  |                            |   |                  |               |
| (6)  |                            |   |                  |               |
| (7)  |                            |   |                  |               |
| (8)  |                            |   |                  |               |
| (9)  |                            |   |                  |               |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                            |   |                  |               |
| Part IX Other Assets.  |                            |   |                  |               |
| Complete if the organization answered "Yes" of                       |                            | 11d. See Form 990, Part X, line 15.       |                  |               |
| (a) [  | Description                |   | (b) Book v       | /alue         |
| (1)  |                            |   |                  |               |
| (2)  |                            |   |                  |               |
| (3)  |                            |   |                  |               |
| (4)  |                            |   |                  |               |
| (5)  |                            |   |                  |               |
| (6)  |                            |   |                  |               |
| (7)  |                            |   |                  |               |
| (8)  |                            |   |                  |               |
| (9)  |                            |   |                  |               |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | 15.)                       |   |                  |               |
| Part X Other Liabilities.  |                            |   |                  |               |
| Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 |                  |               |
| 1. (a) Description of liability                                      |                            |   | (b) Book v       | /alue         |
| (1) Federal income taxes   |                            |   |                  |               |
| (2) DEFERRED TRUST LIABILITY   |                            |   |                  | 23,032.       |
| (3) SHORT TERM OPERATING LEASE LIABILITY                             |                            |   |                  | 48,179.       |
| (4)  |                            |   |                  |               |
| (5)  |                            |   |                  |               |
| (6)  |                            |   |                  |               |
| (7)  |                            |   |                  |               |
| (8)  |                            |   |                  |               |
| (0)  |                            |   | 1                |               |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

71,211.

36-3413042

| Part       | Reconciliation of Revenue per Audited Financial Sta  |                 | evenue per Re | turn.        |                     |
|------------|--|-----------------|---------------|--------------|---------------------|
| 1 T        | Complete if the organization answered "Yes" on Form 990, Part IV, lir otal revenue, gains, and other support per audited financial statements                    |                 |               | 1            | 10,535,198.         |
|            | mounts included on line 1 but not on Form 990, Part VIII, line 12:   |                 |               | •            | 10,333,130.         |
|            | let unrealized gains (losses) on investments   | 2a              | 69,294.       |              |                     |
|            | Ponated services and use of facilities   |                 | 182,400.      | -            |                     |
|            | Recoveries of prior year grants  |                 |               |              |                     |
|            | Other (Describe in Part XIII.)   | • •             | -31,824.      |              |                     |
|            | add lines 2a through 2d  |                 | ,             | 2e           | 219,870.            |
|            | Subtract line 2e from line 1   |                 |               | 3            | 10,315,328.         |
|            | mounts included on Form 990. Part VIII. line 12. but not on line 1:  |                 |               |              | , ,                 |
|            | nvestment expenses not included on Form 990, Part VIII, line 7b  | 4a              |               |              |                     |
|            | Other (Describe in Part XIII.)   |                 | -29,902.      |              |                     |
|            | dd lines <b>4a</b> and <b>4b</b>   |                 | ,             | 4c           | -29,902.            |
|            | otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.  |                 |               | 5            | 10,285,426.         |
| Part       | XII   Reconciliation of Expenses per Audited Financial Sta   | atements With E | xpenses per F | Return.      |                     |
|            | Complete if the organization answered "Yes" on Form 990, Part IV, lir  | ne 12a.         |               |              |                     |
| 1 T        | otal expenses and losses per audited financial statements  |                 |               | 1            | 8,327,139.          |
|            | mounts included on line 1 but not on Form 990, Part IX, line 25:   |                 |               |              |                     |
| a D        | Oonated services and use of facilities   | 2a              | 182,400.      |              |                     |
|            | Prior year adjustments   |                 |               |              |                     |
|            | Other losses   | 1 4 1           |               |              |                     |
| d C        | Other (Describe in Part XIII.)   | 2d              | 13,954.       |              |                     |
| e A        | dd lines 2a through 2d   |                 |               | 2e           | 196,354.            |
|            | Subtract line 2e from line 1   |                 |               | 3            | 8,130,785.          |
|            | mounts included on Form 990, Part IX, line 25, but not on line 1:  |                 |               |              |                     |
| a li       | nvestment expenses not included on Form 990, Part VIII, line 7b  | 4a              |               |              |                     |
| <b>b</b> 0 | Other (Describe in Part XIII.)   | 4b              | -29,902.      |              |                     |
|            | dd lines <b>4a</b> and <b>4b</b>   |                 |               | 4c           | -29,902.            |
|            | otal expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 1<br><b>XIII</b>   <b>Supplemental Information.</b>                    | 8.)             |               | 5            | 8,100,883.          |
|            | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a |                 |               | ; Part X, li | ne 2; Part XI,      |
| PART :     | KI, LINE 2D - OTHER ADJUSTMENTS:   |                 |               |              |                     |
| REVEN      | JE REPORTED AS EIN 36-3991517  | -31,824.        |               |              |                     |
| PART :     | KI, LINE 4B - OTHER ADJUSTMENTS:   |                 |               |              |                     |
|            | OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  |                 |               |              |                     |
| PART :     | KII, LINE 2D - OTHER ADJUSTMENTS:  |                 |               |              |                     |
| EXPEN      | SES REPORTED AS EIN 36-3991517   | 13,954.         |               |              |                     |
| PART :     | KII, LINE 4B - OTHER ADJUSTMENTS:  |                 |               |              |                     |
|            | OF GOODS SOLD NETTED WITH GROSS SALES REVENUE  |                 |               |              |                     |
| 232054 0   |  |                 | ·             | Schedule     | e D (Form 990) 2022 |

| Schedule D (Form 990) 2022                                | MUSIC FOR ALL, INC.           | 36-3413042 | Page 5 |
|---|-------------------------------|------------|--------|
| Schedule D (Form 990) 2022  Part XIII Supplemental Inform | nation <sub>(continued)</sub> |            |        |
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#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MUSIC FOR ALL, INC.

Part I Questions Regarding Compensation

Employer identification number
36-3413042

|            |  |    | Yes | No |
|------------|--|----|-----|----|
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, |    |     |    |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.             |    |     |    |
|            | First-class or charter travel Housing allowance or residence for personal use  |    |     |    |
|            | Travel for companions Payments for business use of personal residence  |    |     |    |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                               |    |     |    |
|            | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |    |     |    |
|            |  |    |     |    |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |    |     |    |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b |     |    |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,       |    |     |    |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                  | 2  |     |    |
|            |  |    |     |    |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's     |    |     |    |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to     |    |     |    |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |    |
|            | X Compensation committee Written employment contract   |    |     |    |
|            | Independent compensation consultant  X Compensation survey or study  |    |     |    |
|            | X Form 990 of other organizations X Approval by the board or compensation committee                                    |    |     |    |
|            |  |    |     |    |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |    |     |    |
|            | organization or a related organization:  |    |     |    |
| а          | Receive a severance payment or change-of-control payment?  | 4a |     | Х  |
| b          | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b |     | Х  |
| С          | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c |     | Х  |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.          |    |     |    |
|            |  |    |     |    |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |    |     |    |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|            | contingent on the revenues of:   |    |     |    |
| а          | The organization?  | 5a |     | X  |
| b          | Any related organization?  | 5b |     | X  |
|            | If "Yes" on line 5a or 5b, describe in Part III.   |    |     |    |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      |    |     |    |
|            | contingent on the net earnings of:   |    |     |    |
|            | The organization?  | 6a |     | X  |
| b          | Any related organization?  | 6b |     | Х  |
|            | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |    |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |    |     |    |
|            | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | Х  |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |    |     |    |
|            | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8  |     | Х  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |    |     |    |
|            | Regulations section 53.4958-6(c)?  | 9  |     |    |

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

Schedule J (Form 990) 2022 MUSIC FOR ALL, INC. 36-3413042 Page 2

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.

| (A) Name and Title         |      | (B) Breakdown of W       | I-2 and/or 1099-MISo compensation   | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |  |
|----------------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|--|
|                            |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |  |
| (1) JEREMY L. ERNHART      | (i)  | 214,134.                 | 24,405.                             | 0.  | 8,699.                            | 11,592.                 | 258,830.                           | 0.  |  |
| PRESIDENT AND CEO          | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0,                                 | 0.  |  |
| (2) ROBIN L. CLENDENING    | (i)  | 156,393.                 | 5,089.                              | 0.  | 2,228.                            | 0.                      | 163,710.                           | 0.  |  |
| CFO                        | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
| (3) DEBBIE LAFERTY ASBILL  | (i)  | 127,299.                 | 15,885.                             | 0.  | 5,138.                            | 13,199.                 | 161,521.                           | 0.  |  |
| EXEC VP, MRKT & COMMUICATI | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (i)  |                          |                                     |   |                                   |                         |                                    |   |  |
|                            | (ii) |                          |                                     |   |                                   |                         |                                    |   |  |

| Schedule J (Form 990) 2022 MOSIC FOR ALL, INC.   | Page 3 |
|--|--------|
| 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. |        |
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#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

|     | MUSIC FOR ALL, INC                                     | С.                            |   |   |         | 36-3   | 41304   | 2   |    |
|-----|--|-------------------------------|---|---|---------|--|---------|-----|----|
| Par | t I Types of Property                                  |                               |   |   |         |  |         |     |    |
|     |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1 | g       | <b>(d)</b><br>Method of de<br>noncash contribu | etermin | _   | S  |
| 1   | Art - Works of art                                     |                               |   |   |         |  |         |     |    |
| 2   | Art - Historical treasures                             |                               |   |   |         |  |         |     |    |
| 3   | Art - Fractional interests                             |                               |   |   |         |  |         |     |    |
| 4   | Books and publications                                 |                               |   |   |         |  |         |     |    |
| 5   | Clothing and household goods                           | Х                             |   | 29,200  | . RESA  | LE VALUE                                       |         |     |    |
| 6   | Cars and other vehicles                                |                               |   |   |         |  |         |     |    |
| 7   | Boats and planes                                       |                               |   |   |         |  |         |     |    |
| 8   | Intellectual property                                  |                               |   |   |         |  |         |     |    |
| 9   | Securities - Publicly traded                           |                               |   |   |         |  |         |     |    |
| 10  | Securities - Closely held stock                        |                               |   |   |         |  |         |     |    |
| 11  | Securities - Partnership, LLC, or                      |                               |   |   |         |  |         |     |    |
|     | trust interests  |                               |   |   |         |  |         |     |    |
| 12  | Securities - Miscellaneous                             |                               |   |   |         |  |         |     |    |
| 13  | Qualified conservation contribution -                  |                               |   |   |         |  |         |     |    |
|     | Historic structures                                    |                               |   |   |         |  |         |     |    |
| 14  | Qualified conservation contribution - Other $_{\dots}$ |                               |   |   |         |  |         |     |    |
| 15  | Real estate - Residential                              |                               |   |   |         |  |         |     |    |
| 16  | Real estate - Commercial                               |                               |   |   |         |  |         |     |    |
| 17  | Real estate - Other                                    |                               |   |   |         |  |         |     |    |
| 18  | Collectibles   |                               |   |   |         |  |         |     |    |
| 19  | Food inventory   |                               |   |   |         |  |         |     |    |
| 20  | Drugs and medical supplies                             |                               |   |   |         |  |         |     |    |
| 21  | Taxidermy  |                               |   |   |         |  |         |     |    |
| 22  | Historical artifacts                                   |                               |   |   |         |  |         |     |    |
| 23  | Scientific specimens                                   |                               |   |   |         |  |         |     |    |
| 24  | Archeological artifacts                                |                               |   |   |         |  |         |     |    |
| 25  | Other ()   |                               |   |   |         |  |         |     |    |
| 26  | Other ()   |                               |   |   |         |  |         |     |    |
| 27  | Other ()   |                               |   |   |         |  |         |     |    |
| 28  | Other (  |                               |   |   |         |  |         |     |    |
| 29  | Number of Forms 8283 received by the organi            | zation during                 | the tax year for co                                       | ontributions  |         |  |         |     |    |
|     | for which the organization completed Form 82           | 283, Part V, D                | onee Acknowledg   | ement <b>29</b>   |         |  |         |     |    |
|     |  |                               |   |   |         |  |         | Yes | No |
| 30a | During the year, did the organization receive b        | -                             | • • • • •   |   | -       | that it  |         |     |    |
|     | must hold for at least 3 years from the date of        |                               |   |   |         |  |         |     |    |
|     | exempt purposes for the entire holding period          | ?                             |   |   |         |  | 30a     |     | Х  |
| b   | If "Yes," describe the arrangement in Part II.         |                               |   |   |         |  |         |     |    |
| 31  | Does the organization have a gift acceptance           | policy that re                | equires the review of                                     | of any nonstandard contrib  | utions? |  | 31      |     | Х  |
| 32a | Does the organization hire or use third parties        | or related or                 | ganizations to solid                                      | cit, process, or sell noncas  | า       |  |         |     |    |
|     | contributions?   |                               |   |   |         |  | 32a     |     | Х  |
| b   | If "Yes," describe in Part II.                         |                               |   |   |         |  |         |     |    |
| 33  | If the organization didn't report an amount in o       | column (c) fo                 | r a type of property                                      | for which column (a) is ch  | ecked,  |  |         |     |    |
|     | describe in Part II.                                   |                               |   |   |         |  |         |     |    |

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

232142 09-09-22

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MUSTC FOR ALL INC

**Employer identification number** 

| MOSIC FOR ALL, INC.  | 30-3413042                 |
|--|----------------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:                       |                            |
| LIFE-CHANGING EXPERIENCES THROUGH MUSIC.   |                            |
|  |                            |
| 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:                     |                            |
| 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 4D, OTHER PROGRAM SERVICES:                                 |                            |
| MUSIC FOR ALL NEWSLETTER A SERIES OF DIGITAL ENEWSLETTERS AND PRINTED                |                            |
| NEWSLETTERS THAT ARE EMAILED TO APPROXIMATELY 110,000 SUBSCRIBERS PER                |                            |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990) 2022 |

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization MUSIC FOR ALL, INC. 36-3413042 MONTHLY ISSUE AND MAILED TO APPROXIMATELY 8,000 HIGH SCHOOL BAND DIRECTORS ONE TIME ANNUALLY WITH INFORMATION ABOUT ALL OF MUSIC FOR ALLS EDUCATIONAL PROGRAMS AND EVENTS. ADVOCACY PROGRAMS A SERIES OF PROGRAMS PROVIDING EDUCATIONAL AND ADVOCACY RESOURCES, INCLUDING A SERIES OF AFFILIATED REGIONAL MUSIC FESTIVALS. OTHER ADVOCACY PROGRAMS INCLUDE: PROFESSIONAL DEVELOPMENT PROGRAMS ADVOCACY IN ACTION AWARDS PROGRAM PROVIDING RECOGNITION TO SUPPORT MUSIC IN OUR SCHOOLS. WORKING TO ENSURE MUSIC EDUCATION IS AVAILABLE TO EVERY CHILD, WITH EMPHASIS ON INCREASING ACCESS TO MUSIC EDUCATION FOR STUDENTS AND TEACHERS FROM UNDERAPPRECIATED COMMUNITIES, INCLUDING SMALL, RURAL, AND URBAN SCHOOLS. MUSIC FOR ALL OFFERS THESE PROGRAMS INDEPENDENTLY AND ALSO COLLABORATES WITH A NUMBER OF OTHER PROGRAMS TO EXTEND THE REACH OF ITS ADVOCACY PROGRAMMING. EXPENSES \$ 11,227. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25,036. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM, THEN REVIEWED BY THE CFO. CEO. AND FINANCE COMMITTEE. AFTER THIS FIRST REVIEW. THE DRAFT FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO DISCUSS THE RETURN. THE RETURN IS FILED ONLY AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SUBMITS A SIGNED CONFLICT OF INTEREST STATEMENT UPON ELECTION TO THE BOARD. UPDATED STATEMENTS ARE SIGNED AND SUBMITTED AT EACH SUBSEQUENT ANNUAL MEETING. THE ANNUAL MEETINGS NORMALLY OCCURS DURING THE

BOA12.T1

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization MUSIC FOR ALL, INC. 36-3413042 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 FINANCIAL MATTERS OF MFA, INCLUDING THE AUDIT. IN ADDITION, THE ENTIRE BOARD REMAINS ENGAGED IN THE REVIEW OF MFA FINANCES, INCLUDING THE AUDIT.

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#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

36-3413042

| (a)   | (b)  | (c)   | (d)                           | (e)                                   |          |                                 | (f)  |   |
|---|--|---|-------------------------------|---------------------------------------|----------|---------------------------------|------|---|
| Name, address, and EIN (if applicable) of disregarded entity                    | Primary activity                                 | Legal domicile (state or Total inc            |                               | me End-of-year                        | r assets | Direct controlling entity       |      |   |
|   |  |   |                               |                                       |          |                                 |      |   |
|   |  |   |                               |                                       |          |                                 |      |   |
|   |  |   |                               |                                       |          |                                 |      |   |
|   |  |   |                               |                                       |          |                                 |      |   |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | Lions. Complete if the organization              | answered "Yes" on Form 990                    | ), Part IV, line 34, b        | pecause it had one                    | or more  | related tax-exer                | mpt  |   |
| (a)  Name, address, and EIN  of related organization                            | <b>(b)</b><br>Primary activity                   | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section |          | (f)<br>ct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>trolled<br>tity? |
|   |  |   |                               | 501(c)(3))                            |          |                                 | Yes  | No  |
| 9 W. JACKSON PLACE  | DISTRIBUTE GRANTS AND<br>SCHOLARSHIPS TO FURTHER |   |                               | 170B(1)(A)(VI                         |          |                                 |      |   |
| INDIANAPOLIS, IN 46202  | MUSIC EDUCATION                                  | INDIANA                                       | 501(C)3                       | )                                     | N/A      |                                 |      | Х   |
|   |  |   |                               |                                       |          |                                 |      |   |
|   |  |   |                               |                                       |          |                                 |      |   |
|   |  |   |                               |                                       |          |                                 |      |   |

MUSIC FOR ALL, INC.

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

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

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

Page 3

Х

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| <b>b</b> Gift, grant, or capital contribution to related organization(s)                  |                                  |                               |  | 1b      |        | Х    |
|---|----------------------------------|-------------------------------|--|---------|--------|------|
| c Gift, grant, or capital contribution from related organization(s)                       |                                  |                               |  | 1c      |        | Х    |
| d Loans or loan guarantees to or for related organization(s)                              |                                  |                               |  | 1d      | Х      |      |
| e Loans or loan guarantees by related organization(s)                                     |                                  |                               |  | 1e      |        | Х    |
|   |                                  |                               |  |         |        |      |
| f Dividends from related organization(s)  |                                  |                               |  | 1f      |        | Х    |
| g Sale of assets to related organization(s)   |                                  |                               |  | 1g      |        | Х    |
| h Purchase of assets from related organization(s)   |                                  |                               |  | 1h      |        | Х    |
| i Exchange of assets with related organization(s)   |                                  |                               |  | 1i      |        | Х    |
| j Lease of facilities, equipment, or other assets to related organization(s)              |                                  |                               |  | 1j      |        | Х    |
| k Lease of facilities, equipment, or other assets from related organization(s)            |                                  |                               |  | 1k      |        | Х    |
| I Performance of services or membership or fundraising solicitations for related orga     |                                  |                               |  | 11      |        | Х    |
| m Performance of services or membership or fundraising solicitations by related orga      |                                  |                               |  | 1m      |        | Х    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organizat |                                  |                               |  | 1n      |        | Х    |
| Sharing of paid employees with related organization(s)                                    |                                  |                               |  | 10      |        | Х    |
|   |                                  |                               |  |         |        |      |
| p Reimbursement paid to related organization(s) for expenses                              |                                  |                               |  | 1p      |        | Х    |
| q Reimbursement paid by related organization(s) for expenses                              |                                  |                               |  | 1q      |        | Х    |
|   |                                  |                               |  |         |        |      |
| r Other transfer of cash or property to related organization(s)                           |                                  |                               |  | 1r      |        | Х    |
| s Other transfer of cash or property from related organization(s)                         |                                  |                               |  | 1s      |        | Х    |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w   | ho must complete th              | is line, including covered re | elationships and transaction thresholds. |         |        |      |
| (a)<br>Name of related organization   | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved        | (d)<br>Method of determining amount in   | volved  |        |      |
| (1) MUSIC FOR ALL FOUNDATION, INC.  | D                                | 667.                          | ACCOUNTS RECIEVABLE                      |         |        |      |
|   |                                  |                               |  |         |        |      |
| (2)   |                                  |                               |  |         |        |      |
|   |                                  |                               |  |         |        |      |
| (3)   |                                  |                               |  |         |        |      |
|   |                                  |                               |  |         |        |      |
| (4)   |                                  |                               |  |         |        |      |
|   |                                  |                               |  |         |        |      |
| (5)   |                                  |                               |  |         |        |      |
|   |                                  |                               |  |         |        |      |
| (6)   |                                  |                               |  |         |        |      |
| 232163 09-14-22   |                                  |                               | Schedule                                 | R (Forn | n 990) | 2022 |

Schedule R (Form 990) 2022 MUSIC FOR ALL, INC. 36-3413042 Page 4

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)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g)<br>Share of<br>end-of-year<br>assets | Disprition allocat | opor-<br>late<br>tions? | General manage partner | (k) Percentage ownership |
|--|--------------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
|  |                                |   |   |                                       |  |                    |                         |                        |                          |
|  |                                |   |   |                                       |  |                    |                         |                        |                          |
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|  |                                |   |   |                                       |  |                    |                         |                        | 000) 0000                |

| Schedule F | R (Form 990) 2022 MUSIC FOR ALL, INC.  | 36-3413042 | Page <b>5</b> |
|------------|--|------------|---------------|
| Part VII   | Supplemental Information  Supplemental Information   |            |               |
|            | Provide additional information for responses to questions on Schedule R. See instructions. |            |               |
|            | Trovido additional information for respenses to questions on contectad file contentacione. |            |               |
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32165 09-14-22 Schedule R (Form 990) 2022

EXTENDED TO JANUARY 16, 2024

| 000 T  | 1 6        | EXTENDED TO JANUARY 16, 2024  Exampt Organization Pusiness Income Tax Detur                         | <b>-</b>          | OMB No. 1545-0047  |
|--|------------|---|-------------------|--|
| Form <b>990-T</b>                                      |            | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))                | ' <b>"</b>        | ONIB NO. 1545-0047   |
|  | Fau aal    | endar year 2022 or other tax year beginning MAR 1, 2022, and ending FEB 28, 2023                    |                   | 2022   |
|  | FOI Cai    | Go to www.irs.gov/Form990T for instructions and the latest information.                             | — ·               | ZUZZ   |
| Department of the Treasury<br>Internal Revenue Service | Ι          | On not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). |                   | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed.                        |            | Name of organization ( Check box if name changed and see instructions.)                             | DEmplo            | oyer identification number                                 |
| B Exempt under section                                 | Print      | MUSIC FOR ALL, INC.   |                   | 36-3413042   |
| X 501(c )(3 )<br>408(e) 220(e)                         | or<br>Type | Number, street, and room or suite no. If a P.O. box, see instructions.  39 WEST JACKSON PLACE, 150  | EGroup<br>(see in | o exemption number<br>nstructions)                         |
| 408A 530(a)<br>529(a) 529A                             |            | City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46225     | F                 | Check box if   |
|  | C Bo       | ok value of all assets at end of year   | ┥ 느               | an amended return.   |
| G Check organization                                   |            | X 501(c) corporation 501(c) trust 401(a) trust Other trust  | State             | college/university   |
| H Check if filing only to                              |            | Claim credit from Form 8941 Claim a refund shown on Form 2439                                       |                   | <del>,</del>   |
|  |            | ation filing a consolidated return with a 501(c)(2) titleholding corporation                        |                   |  |
|  |            | ed Schedules A (Form 990-T)   |                   | 1  |
| K During the tax year,                                 | was the    | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?          |                   | Yes X No   |
| If "Yes," enter the na                                 | ame an     | d identifying number of the parent corporation.   |                   |  |
| L The books are in car                                 | re of      | DAVID ELLIS Telephone number  | 317-63            | 6-2263   |
| Part I Total Unr                                       | elate      | d Business Taxable Income   |                   |  |
| 1 Total of unrelated                                   | busines    | ss taxable income computed from all unrelated trades or businesses (see                             |                   |  |
| instructions)  |            |   | 1                 | 0.   |
| 2 Reserved   |            |   | 2                 |  |
| 3 Add lines 1 and 2                                    |            |   | 3                 |  |
| 4 Charitable contrib                                   | utions (   | see instructions for limitation rules)  | 4                 | 0.   |
| 5 Total unrelated but                                  | siness     | taxable income before net operating losses. Subtract line 4 from line 3                             | 5                 |  |
| 6 Deduction for net                                    | operati    | ng loss. See instructions   | 6                 | 0.   |
| 7 Total of unrelated                                   | busines    | ss taxable income before specific deduction and section 199A deduction.                             |                   |  |
| Subtract line 6 fro                                    | m line 5   | 5   | 7                 |  |
| 8 Specific deduction                                   | n (genei   | rally \$1,000, but see instructions for exceptions)   | 8                 | 1,000.   |
| 9 Trusts. Section 19                                   | 99A ded    | duction. See instructions   | 9                 |  |
| 10 Total deductions                                    | . Add lii  | nes 8 and 9   | 10                | 1,000.   |
| 11 Unrelated busine                                    | ss taxa    | ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,                        |                   |  |
| enter zero   |            |   | 11                | 0.   |
| Part II Tax Com  |            |   |                   | Г  |
|  |            | s corporations. Multiply Part I, line 11 by 21% (0.21)  | 1                 | 0.   |
| 2 Trusts taxable at                                    | trust ra   | ates. See instructions for tax computation. Income tax on the amount on                             |                   |  |
| Part I, line 11 from                                   | n:         | Tax rate schedule or Schedule D (Form 1041)   | 2                 |  |
| 3 Proxy tax. See ins                                   | structio   | ns  | 3                 |  |
| 4 Other tax amounts                                    |            |   | 4                 |  |
| 5 Alternative minimum                                  | ım tax (   | (trusts only)   | 5                 |  |
|  |            | cility income. Soo instructions   | ۱ ه               |  |

7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Form 990-T (2022) Page 2 Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior year minimum tax (attach Form 8801 or 8827) 1d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 2 Form 4255 | Form 8611 | Form 8697 Other amounts due. Check if from: Other (attach statement) Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). section 1294. Enter tax amount here Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 5 Payments: A 2021 overpayment credited to 2022 2022 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 7 Total payments. Add lines 6a through 6g 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Enter the amount of line 10 you want: Credited to 2023 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority No Yes over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 34,874. Do not include any post-2017 NOL carryover Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions **Business Activity Code** Available post-2017 NOL carryover 541800 \$ \$ **6a** Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign     |                            | nder 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, prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |       |             |               |        |                                     |      |    |  |  |  |  |
|----------|----------------------------|---|-------|-------------|---------------|--------|-------------------------------------|------|----|--|--|--|--|
| Here     |                            |   |       | INT AND CEO |               |        | he IRS discuss the reparer shown be |      |    |  |  |  |  |
|          | Signature of officer       | Date  | Title |             |               | instru | ctions)? X                          | Yes  | No |  |  |  |  |
|          | Print/Type preparer's name | Preparer's signature  |       | Date        | Check         | if     | PTIN                                |      |    |  |  |  |  |
| Paid     |                            |   |       |             | self- employe | d b:   |                                     |      |    |  |  |  |  |
| Prepare  | , JOHN W. KELLER, CPA      |   |       | 12/14/23    |               |        | P0132961                            | .9   |    |  |  |  |  |
| Use Only |                            | CPAS, INC.  |       |             | Firm's EIN    |        | 35-148                              | 9521 |    |  |  |  |  |
| 000 0    |                            | EST VERMONT STREET  |       |             |               |        |                                     |      |    |  |  |  |  |
|          | Firm's address INDIANA     | APOLIS, IN 46224  |       |             | Phone no.     | 317    | -241-2999                           |      |    |  |  |  |  |

Form 990-T (2022) 223711 01-16-23

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

0000

2022

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

| A<br>     | Name of the organization MUSIC FOR ALL, INC.   |        | B Employer identification number 36-3413042 |       |         |                   |         |           |
|-----------|--|--------|---|-------|---------|-------------------|---------|-----------|
| <u>c</u>  | Unrelated business activity code (see instructions) 541800                                       |        |   |       |         | <b>D</b> Sequence | e:      | 1 of 1    |
| <u>E</u>  | Describe the unrelated trade or business ADVERTISING REVENU                                      | JE FRO | M QUARTE                                    | RLY N | EWSLET: | TER AND PRO       | GRAM E  | BOOKS     |
| Pa        | rt I Unrelated Trade or Business Income  |        | (A) In                                      | come  |         | (B) Expens        | es      | (C) Net   |
| 1 a       | Gross receipts or sales  |        |   |       |         |                   |         |           |
| k         | Less returns and allowances c Balance  | 1c     |   |       |         |                   |         |           |
| 2         | Cost of goods sold (Part III, line 8)  | 2      |   |       |         |                   |         |           |
| 3         | Gross profit. Subtract line 2 from line 1c   | 3      |   |       |         |                   |         |           |
| 4 a       | Capital gain net income (attach Schedule D (Form 1041 or Form                                    |        |   |       |         |                   |         |           |
|           | 1120)). See instructions   | 4a     |   |       |         |                   |         |           |
| k         | Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                                | 4b     |   |       |         |                   |         |           |
| C         | Capital loss deduction for trusts  | 4c     |   |       |         |                   |         |           |
| 5         | Income (loss) from a partnership or an S corporation (attach                                     |        |   |       |         |                   |         |           |
|           | statement)   | 5      |   |       |         |                   |         |           |
| 6         | Rent income (Part IV)  | 6      |   |       |         |                   |         |           |
| 7         | Unrelated debt-financed income (Part V)  | 7      |   |       |         |                   |         |           |
| 8         | Interest, annuities, royalties, and rents from a controlled                                      |        |   |       |         |                   |         |           |
|           | organization (Part VI)   | 8      |   |       |         |                   |         |           |
| 9         | Investment income of section 501(c)(7), (9), or (17)   |        |   |       |         |                   |         |           |
|           | organizations (Part VII)   | 9      |   |       |         |                   |         |           |
| 10        | Exploited exempt activity income (Part VIII)   | 10     |   |       |         |                   |         |           |
| 11        | Advertising income (Part IX)   | 11     |   |       |         |                   |         |           |
| 12        | Other income (see instructions; attach statement)  | 12     |   |       |         |                   |         |           |
| <u>13</u> | Total. Combine lines 3 through 12  | 13     |   |       | 0.      |                   |         |           |
| Pa        | Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in |        |   | ns or | n dedu  | ctions. Ded       | uctions | s must be |
|           | •  |        |   |       |         |                   |         |           |
| 1         | Compensation of officers, directors, and trustees (Part X)                                       |        |   |       |         |                   | 1       |           |
| 2         | Salaries and wages   |        |   |       |         |                   | 2       |           |
| 3         | Repairs and maintenance  |        |   |       |         |                   | 3       |           |
| 4         | Bad debts  |        |   |       |         |                   | 4       |           |
| 5         | Interest (attach statement). See instructions  |        |   |       |         |                   | 5       |           |
| 6         | Taxes and licenses   |        |   |       |         |                   | 6       |           |
| 7         | Depreciation (attach Form 4562). See instructions  |        |   | 7     |         |                   | -       |           |
| 8         | Less depreciation claimed in Part III and elsewhere on return                                    |        |   |       |         |                   | 8b      |           |
| 9         | Depletion Contribution to defend a second to a large   |        |   |       |         |                   | 9       |           |
| 10        | Contributions to deferred compensation plans   |        |   |       |         |                   | 10      |           |
| 11        | Employee benefit programs  |        |   |       |         |                   | 11      |           |
| 12<br>13  | Excess exempt expenses (Part VIII)   |        |   |       |         |                   | 13      |           |
| 14        | Excess readership costs (Part IX)  Other deductions (attach statement)                           |        |   |       |         |                   | 14      |           |
| 15        |  |        |   |       |         |                   | 15      | 0.        |
| 16        | Unrelated business income before net operating loss deduction. S                                 |        |   |       |         |                   | 13      |           |
| .0        | column (C)   |        |   |       |         |                   | 16      | 0.        |
| 17        | Deduction for net operating loss. See instructions   |        |   |       |         |                   | 17      | 0.        |
| 18        | Unrelated business taxable income. Subtract line 17 from line 10                                 |        |   |       |         |                   | 18      |           |

LHA For Paperwork Reduction Act Notice, see instructions.

Sch **Pa** 

|                          | ale A (Form 990-T) 2022  |  |  |               | Pa  | age <b>2</b> |
|--------------------------|--|--|--|---------------|-----|--------------|
| rt I                     | U Ocat of Ocada Ocad   | hod of inventory valuation   | <u> </u>                                 |               |     | <u> </u>     |
|                          | Inventory at beginning of year   |  |  | 1             |     |              |
| 2                        | Purchases  |  |  |               |     |              |
| 3                        | Cost of labor  |  |  | 3             |     |              |
| Ļ                        | Additional section 263A costs (attach statement)   |  |  | 4             |     |              |
| 5                        | Other costs (attach statement)   |  |  |               |     |              |
| 6                        | <b>Total.</b> Add lines 1 through 5  |  |  |               |     |              |
| ,                        | Inventory at end of year   |  |  | _             |     |              |
| 3                        | Cost of goods sold. Subtract line 7 from line 6. Enter   |  |  |               |     |              |
| )                        | Do the rules of section 263A (with respect to property   |  |  |               | Yes | No           |
| rt I                     |  |  |  |               | ··  |              |
| ī                        | Description of property (property street address, city, s  |  |  |               |     |              |
|                          | A  | nato, zii oodoj. Oncok ii c  | a dadi doc. Occ mone                     | otiono.       |     |              |
|                          | В —  |  |  |               |     |              |
|                          | c -  |  |  |               |     |              |
|                          | D  |  |  |               |     |              |
|                          | ь  | Ι  | В  | С             |     |              |
|                          | Dept received or account   | A  | В  |               | U   |              |
| •                        | Rent received or accrued   |  |  |               |     |              |
| а                        | From personal property (if the percentage of   |  |  |               |     |              |
|                          | rent for personal property is more than 10%  |  |  |               |     |              |
|                          | but not more than 50%)   |  |  |               |     |              |
| b                        | From real and personal property (if the  |  |  |               |     |              |
|                          | percentage of rent for personal property exceeds   |  |  |               |     |              |
|                          | 50% or if the rent is based on profit or income)   |  |  |               |     |              |
| С                        | Total rents received or accrued by property.   |  |  |               |     |              |
|                          | Add lines 2a and 2b, columns A through D   |  |  |               |     |              |
|                          |  |  |  |               |     |              |
|                          |  |  |  |               |     |              |
| 3                        | Total rents received or accrued. Add line 2c columns A   | through D. Enter here an   | d on Part I, line 6, co                  | ılumn (A)     |     | 0.           |
| 3                        | Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income   | through D. Enter here an   | d on Part I, line 6, co                  | olumn (A)     |     | 0.           |
| 3                        |  | through D. Enter here an   | d on Part I, line 6, co                  | olumn (A)     |     | 0.           |
| 3                        | Deductions directly connected with the income  | through D. Enter here an   | d on Part I, line 6, co                  | olumn (A)     |     | 0.           |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  | nter here and on Part I, line  |  |               |     | 0.           |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  | nter here and on Part I, line  |  |               |     |              |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  | nter here and on Part I, line<br>ee instructions)                                | e 6, column (B)                          |               |     |              |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s   | nter here and on Part I, line<br>ee instructions)                                | e 6, column (B)                          |               |     |              |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or  | nter here and on Part I, line<br>ee instructions)                                | e 6, column (B)                          |               |     |              |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, of A  | nter here and on Part I, line<br>ee instructions)                                | e 6, column (B)                          |               |     |              |
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| 3<br>5<br><u>nrt \</u> 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, of A  B C   | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the columns of | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
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| 5                        | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the columns of | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| 3<br>nrt \<br>1          | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a  | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| 5<br>nrt \<br>I          | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the columns of | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| ort \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the columns of | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| ort \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the color of the c | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| art \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the columns of | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| ort \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, of a  | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| art \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, or a grown of the columns of | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| art \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, of a  | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |
| art \                    | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, of a  | nter here and on Part I, line ee instructions) city, state, ZIP code). Che       | e 6, column (B) ck if a dual-use. See    | instructions. | D   | 0.           |
| a<br>b<br>c              | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address, of a  | nter here and on Part I, line<br>ee instructions)<br>city, state, ZIP code). Che | e 6, column (B)<br>ck if a dual-use. See | instructions. | D   |              |

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

10

Allocable deductions. Multiply line 3c by line 6

**Total dividends-received deductions** included in line 10

| Part       | VI Interest, Annu  | uities, R     | oyalties, and Re                                 | ents fror    | n Control                             | led Or         | ganizations                                    | <b>S</b> (see i                                    | nstructi                        | ions)                   | Page 3  |
|------------|--|---------------|--|--------------|---------------------------------------|----------------|--|--|---------------------------------|-------------------------|---|
|            |  | -             |  |              |                                       |                | Exempt Contro                                  | ,  |                                 |                         |   |
|            | Name of controlle<br>organization  | d             | 2. Employer identification number                | incon        | unrelated<br>ne (loss)<br>structions) | 4. Tota        | al of specified<br>ments made                  | 5. Part of that is incontrolling tion's gr         | of colun<br>cluded i<br>ng orga | nn 4<br>in the<br>niza- | Deductions directly connected with income in column 5       |
| (1)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (2)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (3)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| <u>(4)</u> |  |               |  |              |                                       |                |  |  |                                 |                         |   |
|            |  |               |  | 1            | Controlled O                          |                | 1  |  |                                 |                         |   |
| 1          | 7. Taxable Income  | ir            | Net unrelated<br>ncome (loss)<br>e instructions) |              | otal of specif<br>yments mad          |                | that is inc                                    | of column<br>cluded in t<br>organizati<br>s income | he                              | С                       | eductions directly<br>onnected with<br>ome in column 10     |
| (1)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (2)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (3)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (4)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
|            |  |               |  |              |                                       |                | Add colum<br>Enter here<br>line 8, c           |  | art I,                          | Enter                   | columns 6 and 11.<br>here and on Part I,<br>e 8, column (B) |
| Totals     |  |               |  |              |                                       |                |  |  | 0.                              |                         | 0.  |
| Part       | VII Investment   | Income        | of a Section 50                                  | 1(c)(7), (   | 9), or (17)                           | Orgai          | nization (s                                    | ee instruc   | tions)                          |                         |   |
|            | <b>1.</b> Desc   | cription of   | income   |              | 2. Amou incor                         |                | 3. Deduction directly connected (attach states | ected (at  | 4. Set-a                        | asides<br>atement)      | 5. Total deductions<br>and set-asides<br>(add cols 3 and 4) |
| (1)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (2)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (3)        |  |               |  |              |                                       |                |  |  |                                 |                         |   |
| (4)        |  |               |  |              | Add amou                              | ınte in        |  |  |                                 |                         | Add amounts in  |
|            |  |               |  |              | column 2                              | . Enter        |  |  |                                 |                         | column 5. Enter   |
| Totals     |  |               |  |              | line 9, colu                          | ımn (A)<br>0 . |  |  |                                 |                         | line 9, column (B)  |
| Part       | VIII Exploited E   | xempt A       | Activity Income                                  | , Other 1    | Than Adve                             | ertisin        | g Income                                       | (see instru  | ctions)                         |                         |   |
| 1          | Description of exploite  | ed activity:  |  |              |                                       |                |  |  |                                 |                         |   |
| 2          | Gross unrelated busin  | ess incom     | e from trade or busi                             | ness. Ente   | r here and o                          | n Part I,      | line 10, colum                                 | n (A)  |                                 | 2                       |   |
| 3          | Expenses directly con  | nected wit    | h production of unre                             | elated busi  | iness income                          | e. Enter       | here and on Pa                                 | art I,   |                                 |                         |   |
|            | line 10, column (B)  |               |  |              |                                       |                |  |  |                                 | 3                       |   |
| 4          | Net income (loss) from   |               |  |              |                                       |                | J , I  |  |                                 |                         |   |
|            | lines 5 through 7  |               |  |              |                                       |                |  |  |                                 | 4                       |   |
| 5          | Gross income from ac   |               |  |              |                                       |                |  |  |                                 | 5                       |   |
| 6          | Expenses attributable  |               |  |              |                                       |                |  |  | ·····                           | 6                       |   |
| 7          | Excess exempt expen 4. Enter here and on F   |               |  | o, but do no | ot enter mor                          | e tnan th      | ne amount on I                                 | ine  |                                 | ,                       |   |
|            | The street of th | arrii, iii le | 14   |              |                                       |                |  |  |                                 | 1                       |   |

|           |      |      | orm 990-T) 2022                                 |                              |      |                    |                 |        | Page              |
|-----------|------|------|---|------------------------------|------|--------------------|-----------------|--------|-------------------|
| Part Part | IX   |      | Advertising Income                              |                              |      |                    |                 |        |                   |
| 1         | Na   | me(  | s) of periodical(s). Check box if reportin      | g two or more periodicals on | a cc | nsolidated basis.  |                 |        |                   |
|           | Α    |      | QUARTERLY NEWSLETTER                            |                              |      |                    |                 |        |                   |
|           | В    |      | PROGRAM BOOKS                                   |                              |      |                    |                 |        |                   |
|           | С    |      |   |                              |      |                    |                 |        |                   |
|           | D    |      |   |                              |      |                    |                 |        |                   |
| Enter a   | amoi | unts | for each periodical listed above in the         | corresponding column.        |      |                    |                 |        | <b>,</b>          |
|           |      |      |   | A                            | 4    | В                  | С               |        | D                 |
| 2         |      |      | advertising income                              |                              | •    |                    | 0.              |        |                   |
|           | Ad   | d co | olumns A through D. Enter here and on           | Part I, line 11, column (A)  |      |                    |                 |        | 0.                |
| а         |      |      |   |                              |      |                    | . 1             |        | T                 |
| 3         |      |      | advertising costs by periodical                 |                              |      |                    | 0.              |        |                   |
| а         | Ad   | d co | olumns A through D. Enter here and on           | Part I, line 11, column (B)  |      |                    |                 |        | 0 .               |
|           |      |      |   |                              | _    |                    | 1               |        | T                 |
| 4         |      |      | ising gain (loss). Subtract line 3 from lir     | e                            |      |                    |                 |        |                   |
|           |      |      | any column in line 4 showing a gain,            |                              |      |                    |                 |        |                   |
|           |      | -    | ete lines 5 through 8. For any column ir        |                              |      |                    |                 |        |                   |
|           |      |      | showing a loss or zero, do not complete         |                              |      |                    |                 |        |                   |
| _         |      |      | through 7, and enter zero on line 8             |                              | +    |                    |                 |        |                   |
| 5         |      |      | rship costs                                     |                              | +    |                    |                 |        |                   |
| 6         |      |      | ition income                                    |                              | +    |                    |                 |        |                   |
| 7         |      |      | readership costs. If line 6 is less than        |                              |      |                    |                 |        |                   |
|           |      |      | subtract line 6 from line 5. If line 5 is les   |                              |      |                    |                 |        |                   |
| 8         |      |      | ne 6, enter zeros readership costs allowed as a |                              | +    |                    |                 |        |                   |
| Ū         |      |      | tion. For each column showing a gain o          | n                            |      |                    |                 |        |                   |
|           |      |      | enter the lesser of line 4 or line 7            |                              |      |                    |                 |        |                   |
| а         |      |      | e 8, columns A through D. Enter the gr          |                              | ota  | l or zero here and | l on            |        |                   |
| -         |      |      | line 13   |                              | ·    |                    |                 |        | 0                 |
| Part      |      | (    | Compensation of Officers, Dir                   | ectors, and Trustees         | (see |                    |                 |        |                   |
|           |      |      | •   | ·                            |      | ,                  | 3. Percentage   |        | 4. Compensation   |
|           |      |      | 1. Name   | <b>2.</b> Title              |      |                    | of time devoted |        | attributable to   |
|           |      |      |   |                              |      |                    | to business     | l u    | nrelated business |
| 1)        |      |      |   |                              |      |                    | %               | ,      |                   |
| 2)        |      |      |   |                              |      |                    | %               |        |                   |
| 3)        |      |      |   |                              |      |                    | %               | ,<br>o |                   |
| 4)        |      |      |   |                              |      |                    | %               | ,<br>o |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      | er h | ere and on Part II, line 1                      |                              |      |                    |                 |        | 0                 |
| Part      | ΧI   |      | Supplemental Information (se                    | e instructions)              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |
|           |      |      |   |                              |      |                    |                 |        |                   |

| FORM 990-T  | PRE-201           | 8 NET OPERATING               | LOSS DEDUCTION    | STATEMENT 1            |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED    | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 02/28/09    | 1,142.            | 1,142.                        | 0.                | 0.                     |
| 02/28/10    | 421.              | 421.                          | 0.                | 0.                     |
| 02/28/11    | 6,800.            | 2,569.                        | 4,231.            | 4,231.                 |
| 02/28/12    | 3,387.            | 0.                            | 3,387.            | 3,387.                 |
| 02/28/13    | 6,871.            | 0.                            | 6,871.            | 6,871.                 |
| 02/28/14    | 6,648.            | 0.                            | 6,648.            | 6,648.                 |
| 02/28/15    | 1,048.            | 0.                            | 1,048.            | 1,048.                 |
| 02/29/16    | 3,373.            | 0.                            | 3,373.            | 3,373.                 |
| 02/28/17    | 721.              | 0.                            | 721.              | 721.                   |
| 02/28/18    | 8,595.            | 0.                            | 8,595.            | 8,595.                 |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR                          | 34,874.           | 34,874.                |

| FORM 990-T | DESCRIPTION OF ORGANIZATION'S | UNRELATED | STATEMENT 2 |
|------------|-------------------------------|-----------|-------------|
| SCHEDULE A | BUSINESS ACTIVIT              | Y         |             |

ADVERTISING REVENUE FROM QUARTERLY NEWSLETTER AND PROGRAM BOOKS

TO FORM 990-T, SCHEDULE A, LINE E

| 990-Т SCH A | POST-201          | 7 NET OPERATING               | LOSS DEDUCTION    | STATEMENT 3            |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED    | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 02/29/20    | 7,020.            | 0.                            | 7,020.            | 7,020.                 |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR                          | 7,020.            | 7,020.                 |