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Form **990**

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasury

Inte	rnal Reve	enue Service	► The organization may have to use a copy of this return to satisfy state	reporting require	ements	Inspection	
A	For th	e 2012 cale	endar year, or tax year beginning 7-/, 2012, and end	ding 6	-30	, 2 0 / <i>3</i>	
В	Check	ıf applıcable.	C Name of organization Kansas Music Educators Asse	ociation	D Employe	er identification number	
	Addres	s change	Doing Business As		42-	-1048341	
	Name o	change	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telephon	ne number	
	Initial re	•	614 N. Parkdale St.		316	- 729- 0436	
$\overline{\Box}$	Termina		City, town or post office, state, and ZIP code				
$\overline{\Box}$		ed return	Wichta KS 67212-4785	•	G Gross re	ceints \$	
$\overline{\Box}$		tion pending	F Name and address of principal officer:			or affiliates? Yes No	
_	тфрасс	idon pending	John Taylor 614 N. Parkdak Wichel			cluded? Yes No	
_	Tov. 000	omat status	☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			list (see instructions)	
÷	Websit	empt status	Nuw Emer org				
K		organization [H(c) Group	1		
	art i	Summ		nation.	M State	of legal domicile KS	
	1						
	1 '		escribe the organization's mission or most significant activities:				
8		,	mission of the Kansas Music Education	<u>,51575</u>	Supp	port music	
Ta Ta	İ	Educa		(-5510Na.)	areve.	lopment and	
19/			noting the advacacy of music learns	19. IN. 50	chaols.	and Communities,	
Governance	2		is box 🚩 🛮 If the organization discentinued its operations or disposed			ts net assets.	
∞	3		of voting members of the governing body (Part VI, line 1a)		3		
Activities &	4		of independent voting members of the governing body (Part VI, line 19	b)	4	/0	
Ξ	5		nber of individuals employed in calendar year 2012 (Part V, line 2a)		5		
₽	6		nber of volunteers (estimate if necessary)		6	40	
	7a		, , , , , , , , , , , , , , , , , , , ,		7a		
	b	Net unrela	ated business taxable income from Form 990-T, line 34		7b		
	ļ			Prior Yea	ar	Current Year	
9	8		nons and grants (Part VIII, line 1h)	26	77.5	<u>25/63</u>	
Revenue	9	Program :	service revenue (Part VIII, line 2g)	2805	85	219738	
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	.56	16/	11.869	
u	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85	36	12,492	
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3211	37	329 262	
	13	Grants an	nd similar amounts paid (Part IX, column (A), lines 1-3)	44	150	4750	
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			, ,	
ø	15	Salaries, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)	97.	50	9150	
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)				
Ē	ь		draising expenses (Part IX, column (D), line 25)-▶				
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	309/	223	287371	
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3226	23	301371	
	19		less expenses. Subtract line 18 from line 12	1	166)	27991	
<u> </u>			AUG 1 & 2013	Beginning of Cur		End of Year	
a se	20	Total asse	ets (Part X, line 16)	7874	22	314258	
it Assets or and Balances	21		lities (Part X, line 26)	 ~ 0 / / -		317836	
돌	22		s or fund balances. Subtract line 21 from line 20	28743	33	314758	
Pa	irt II		ure Block	1-20/75		<u> </u>	
			y, I declare that I have examined this return, including accompanying schedules and sta	toments and to the	n best of m	y knowledge, and belief it is	
			te Declaration of preparer other than officer) is based on all information of which prepare			y knowledge and belief, it is	
		T					
Sig	n	Signa	ture of officer	Date			
He		\			•	<i>\$13113</i>	
110		Tyron	or print name and title			77	
		1 7		Date / /	г	PTIN	
Pai		1 / 7		\$ /1/12	Check	qıfla	
Preparer Lindsay Smith May Muth 8/1/3 self-employed 4014 3537							
Us	e Onl				s EIN ▶	, , , , , , , , , , , ,	
Mai	, the 15	Firm's ad			e no 3/,	6-682-2277	
ivia	, the it	io discuss	this return with the preparer shown above? (see instructions)			Yes 🗌 No	

Part	00 (2012) Statement of Program Service Accomplishments	Page 2
reit	Check if Schedule O contains a response to any question in this Part III	ACZ
1	Briefly describe the organization's mission:	_
	To promote music education in Kansas	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	a 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	
	services?	No
4	If "Yes," describe these changes on Schedule O.	
•	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complish the complex of	red by
	the total expenses, and revenue, if any, for each program service reported.	Micis
4a	(Code:) (Expenses \$ 131,902 including grants of \$) (Revenue \$ 175,699 In-Service Workshops - This Workshops a major In-Service opportunity for music educators to tearn about new technologies and new materials. About)
	In-Service Workshops - This Workshopis a major	
	in-service apportunity for music edurators to rearn	
	1000 tea Chers altrad	
	10.00 70.00.00.	
	······	
4b	(Code:) (Expenses \$ 58 859 including grants of \$) (Revenue \$ 84,256)	
	Code:) Expenses \$ 58 859 including grants of \$) (Revenue \$ 84256) Estimal Grayes - Band Orchestra Choir and azz aroups are created of selected students to work	
	groups are treated of selected students to work	
	With a well-known Clinician and present concerts. Rehearsn's are open to educators.	
	(11100013)	
	<u></u>	
4c	(Code:) (Expenses \$ /345/ including grants of \$) (Revenue \$ /8 720) The Review IS a guarterly magazine for music educators, It is published with informational	
	The Keview is a guarterly magazine for music	
	educators. It is published with informational	
	and eduational articles	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$ 1063.00)	
40	Total program continue symptoms N 21 11/1/	

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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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		y.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Χ	
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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		χ
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		Χ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Χ
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✧
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Δ
р	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X^{T}
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		
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Part	IV Checklist of Required Schedules (continued)	-	_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	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 any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	controlled entity 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	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	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			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	X	<u> </u>
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Part				
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-	103	1.00
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1	-	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		1
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		7.3	
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ļ	-	!
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	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			١.
	account)?	4a		LX.
Ь	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		<u> X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		
	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?			-y
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		
	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		<u></u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\mathcal{N}	Ă.
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	\mathcal{N}	A.
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			,
	organization, have excess business holdings at any time during the year?	8	$\overline{\mathcal{N}}$	A
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	N	A
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ΔL	A_
10	Section 501(c)(7) organizations. Enter:		Ì	
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:		l	
а	Gross income from members or shareholders		İ	
þ	Gross income from other sources (Do not net amounts due or paid to other sources		- 1	
	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		ł	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	12-		
а	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	l	- 1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	
	Check if Schedule O contains a response to any question in this Part VI			. 🔲
Sect	ion A. Governing Body and Management			
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 in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		X
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 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 more members of the governing body?	4 5 6 7a	X	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		172	
a b 9	The governing body?	8a 8b	X N	A
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		LX
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	
	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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X_{-}	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			·
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	<u>х</u>	
13	Did the organization have a written whistleblower policy?	13	Ϋ́	
14 15	Did the organization have a written document retention and destruction policy?	14		X
а	The organization's CEO, Executive Director, or top management official	15a	メ	
b	Other officers or key employees of the organization	15b	N	A_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Tohn Taylor 614 Parkdale Wichta KS			
	$oldsymbol{\omega}$	Form	n 990	(2012)

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Kansas Music Educaturs Assn

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

Check if Schedule O contains a response to any question in this Part VII .

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

Form 990 (2012)

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									, or trustee.		
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	Pos eck s pe	rson	Highest compensated	ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	Avian Bear President	1.0	X						0	0	0
(2)	Craig Manteuffel Vice - President	1.0	Х						0	0	0
(3)	Billy Wicks NAPme Collegate Prs.	1,0	X						\Diamond	0	0
(4)	Martha Gabel President - Elect	1.0	X						0	0	<u> </u>
(5)	Vesta Jo Still Northwest President	1,0							0_	0	<u></u>
(6)	Erika Clausing Southwest President	1,0							0	0	0_
(7)	Joel Gittle North Central Resident	1,0							0	0	0
(8)	Shawn Knopp South Central President	1.0							0	0	0
(9)	Chad Coughlin Northeast Resident	1.0							O	0	0
(10)	Maric Gard Southeast President	/,0							0	0	0
(11)											
(12)											
(13)											
(14)											

Form 99 Part		ees, Key E	mplo	/ees	s, ar	nd H	lighe	st C	ompensated E	mployees (c	ontinu	ied)		Page &
	(A) Name and title	(B) Average hours per week (list any	box, office	unles r and	eck spe dad	ition more rson irect	than on the than or the than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation related	ortable Estimated sation from amount of			
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		fr org and	pensati rom the janizatio d related anization	on ed
(15)						_	-				+			
(16)														
(17)										-	-			
(18)					Н									
(19)														
(20)				_										
(21)														
(22)														
(23)														
(24)										-				
(25)														
C	Sub-total			<u></u>			•	A						
2	Total number of individuals (including but reportable compensation from the organization)	not limited) w	ho received mo	ore than \$10	0,000	of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct						mp	loyee, or high	est compen	sated	3	Yes	No X
	For any individual listed on line 1a, is the organization and related organizations undividual													X
	Did any person listed on line 1a receive or for services rendered to the organization?									ation or indi	vidual			X
	n B. Independent Contractors			AJ,	TA	_					2400			
1	Complete this table for your five highest c compensation from the organization. Rep year.	•										-		ax
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compen		
		-		•										
														
	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who	·			

Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. . (D)
Revenue
excluded from tax
under sections
512, 513, or 514 (B) Related or (C) Unrelated (A) Total revenue exempt business 1a Contributions, Giffs, Grants and Other Similar Amounts Federated campaigns . . . 1a Membership dues 1b Fundraising events 1c Related organizations . . . 1d Government grants (contributions) 1e All other contributions, gifts, grants, 3405 and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 25/63 Total. Add lines 1a-1f . . Program Service Revenue **Business Code** 75699 75699 9000 99 2a 84256 900099 9000 99 900099 1strict Meeting All other program service revenue. g Total. Add lines 2a-2f . Investment income (including dividends, interest, 12709 and other similar amounts) ▶ 12709 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (i) Real (ii) Personal 6a Gross rents . . **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 05680 b Less cost or other basis and sales expenses . 06520 Gain or (loss) . (840) (840) Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses Net income or (loss) from gaming activities . C 10a Gross sales of inventory, less returns and allowances Less: cost of goods sold . . . Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 2492 11a Missellaneous All other revenue Total. Add lines 11a-11d . Total revenue. See instructions. Form 990 (2012)

Form 990 (2012) Page 10 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 to any question in this Part IX . Do not include amounts reported on lines 6b, 7b, (B) Program service (C) Management and general expenses (A) Total expenses (D) Fundraisino 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 4750 the United States, See Part IV, line 22 4750 3 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and 8500 persons described in section 4958(c)(3)(B) . . 8500 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1050 650 10 Fees for services (non-employees): 11 Management 2250 2250 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion 1000 12 13 Office expenses 14 Information technology 15 16 38113 8545 9568 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 91616 Conferences, conventions, and meetings . 9/6/6 19 20 21 Payments to affiliates 1431 431 22 Depreciation, depletion, and amortization . 23 Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Contract Jabor 16913 Professional Organizations b <u>30.38</u> 30.38 C 3161 Ī374 d Misc All other expenses 36656 Total functional expenses. Add lines 1 through 24e 30127 264615 25

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

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

Р	art X		,		
		Check if Schedule O contains a response to any question in this Part >		i 	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	121696	1	122511
	2	Savings and temporary cash investments	26777	2	22967
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		l l	
g		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ş	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 46807			
	b	Less: accumulated depreciation 10b 42094	3558	10c	47/3
	11	Investments—publicly traded securities	135402	11	164067
	12	Investments—other securities. See Part IV, line 11	132702	12	10 1001_
	13	Investments—program-related. See Part IV, line 11		13	
				14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	287433		314258
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20 1735	16 17	317230
	17	Accounts payable and accrued expenses			
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ě		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	<u></u>	27	
5	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ׅ֚֡֡֡֝֝֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֡֡֡֡֓֓֓֓֓֓֡֡֡֡֡֡֡֡֡		complete lines 30 through 34.		<u> </u>	
ا و	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · ·	31	
2	32	Retained earnings, endowment, accumulated income, or other funds .	287433	32	314258
Net Assets of Fund Balances	33	Total net assets or fund balances	287433	33	314258
z	34	Total liabilities and net assets/fund balances	287433	34	314258
	• 1	TOTAL INSTITUTE OF THE TOTAL OCCUPANT OF THE PARTY OF THE		1	Form 990 (201

Page '	12
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Par	TXI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	329,262
2	Total expenses (must equal Part IX, column (A), line 25)	2	30/271
3	Revenue less expenses. Subtract line 2 from line 1	3	27991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 287437</u>
5	Net unrealized gains (losses) on investments	5	(1166)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	
	33, column (B))	10	<u>314258</u>
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	
	Accounting method used to prepare the Form 990: 12 Cash Accrual Other		Yes No
1	Accounting method used to prepare the Form 990: \(\) Cash \(\) Accrual \(\) Other \(\) If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	
	Schedule O.	ווו ווום	
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		20
2a	If "Yes," check a box below to indicate whether the financial statements for the year were completed by an independent accountant?		2d X
	reviewed on a separate basis, consolidated basis, or both:	JIICG GI	
	☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis		
h	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	dona	
	separate basis, consolidated basis, or both:	a on a	- 4 4
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersiaht	######################################
•	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c X
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın	
	Schedule O.	•	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	
	the Single Audit Act and OMB Circular A-133?		3a X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b W A
			Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047

2012 Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 48-10483 Mssociation lusic toducators ansas Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). 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.) 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 organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? n A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g() 119(4) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(叫) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (viii) Amount of monetary (H) EIN (described on lines 1-9 organization in col. organization hoogus col. (i) of your governing document? (I) organized in the above or IRC section U.S.? support? (see instructions)) Yes No Yas Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 Calendar year (or fiscal year beginning in) (b) 2009 (c) 2010 (d) 2011 (f) Total (e) 2012 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3. . . . The portion of total contributions by person (other than each 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. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) % 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 % 15 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

: Kansas Music Educators Association 48-1048341

	de A (Form 990 or 990-EZ) 2012	rtiona Basas	ibad in Cast	ion 500(n)(2)			Page 3	
Part	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)							
Secti	Section A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees	14-33-						
•	received. (Do not include any "unusual grants.")	30136	127364	32419	26775	25/63	141857	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the				l . ,		_	
	organization's tax-exempt purpose	195049	196728	288205	275404	291891	1247277	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513			l				
4	Tax revenues levied for the				ĺ			
	organization's benefit and either paid	İ		•				
	to or expended on its behalf	<u> </u>						
5	The value of services or facilities]	j	j]			
	furnished by a governmental unit to the							
	organization without charge							
6		222182	224092	320624	302/79	317054	1389134	
7a			}					
	received from disqualified persons .							
þ	Amounts included on lines 2 and 3			ļ				
	received from other than disqualified		}	}	1			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			j			:	
_	•							
8 8	Add lines 7a and 7b							
•	line 6.)	22 < 185	224092	372624	302179	317154	1389/34	
Secti	on B. Total Support	1240102		CAUCE.	05 5 4, 7, 7	1001	7.00.707	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
9	Amounts from line 6	225185			302179	317054	1389 134	
10a	Gross Income from interest, dividends,							
	payments received on securities loans, rents,			_	,			
	royalties and income from similar sources .	5767	7794	12327	6807	12709	45404	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b	5767	7794	/2327	6807	12709	45404	
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,	731962	231886	220 9 6 1	200001	2207/2	1,12,1028	
44	and 12.)	200136	23/800	1352 13 1	208/86	327/63	<u> 1434538</u>	
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			_			
Casti	on C. Computation of Public Suppor		<u> </u>				· · · ·	
	Public support percentage for 2012 (line 8			2 column (fl)	· · · · · ·	15	97.0 %	
15 16	Public support percentage from 2011 Sch		•			16	97.0 %	
16 Section	on D. Computation of Investment In					1.0.1	7/10 70	
17	Investment income percentage for 2012 (v line 13. colu	nn (fi)	17	3,0 %	
18	investment income percentage from 2011			•		18	3.0 %	
19a	331/a% support tests—2012. If the organ							
	17 is not more than 331/3%, check this box							
b	331/3% support tests-2011. If the organiz							

line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 📋 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (1	Form 990 or 990-E2) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

		••••••
		•••••••
		••••••
,.,		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Denartn	nent of the Treasury			1c, 11d, 11e, 11f, 12a, or	125.			en to Public
internal	Revenue Service	► Attach	to Form 990. ▶ See	separate instructions.				pection
Name	of the organization	100	1 1	1	1 . 7		fication nur	
	Kansas		ducators	Hssociation		<u>~</u>	048.	2. / /
Pai		zations Maintaining Dono			unds or	Acco	unts. Co	nplete if the
	organiz	ation answered "Yes" to Fo	orm 990, Part IV,	line 6.				
			(a) Donor	advised funds		(b) Fund	s and other a	eccounts
1	Total number a	at end of year						
2	Aggregate con	tributions to (during year).						
3		nts from (during year)						
4	Aggregate valu	ue at end of year						
5		ization inform all donors and						
	funds are the o	organization's property, subjec	t to the organization	n's exclusive legal con	trol?		• • [🗌 Yes 🔲 No
6		zation inform all grantees, dor						
		able purposes and not for the						
								🗌 Yes 🗌 No
Par		rvation Easements. Comp			" to Fon	m 990	, Part IV,	line 7.
1	Purpose(s) of c	conservation easements held b	y the organization	(check all that apply).				
	☐ Preservatio	on of land for public use (e.g., r	ecreation or educa	tion) 🗌 Preservation	of an his	toricall	y importa	nt land area
	☐ Protection	of natural habitat		☐ Preservation	of a cert	ified his	storic stru	cture
		n of open space						
2	•	2a through 2d if the organizat	ion held a qualified	I conservation contribu	rtion in th	e form	of a consi	ervation
	easement on the	he last day of the tax year.			-			
						Н	leld at the E	nd of the Tax Year
a	Total number of	of conservation easements .				2a		
b	Total acreage r	restricted by conservation easi	ements			2b		
C		servation easements on a cert				2c		
đ		nservation easements include						
		re listed in the National Regist				2d		
3		servation easements modified	, transferred, relea	sed, extinguished, or te	erminated	by the	organiza	tion during the
	tax year ▶							
4		tes where property subject to o				··· .		
5		anization have a written police					_	—
_		enforcement of the conservati					-	J Yes □ No
6	Staff and volun	iteer hours devoted to monitor	ing, inspecting, an	d entorcing conservation	on easem	ents di	uring the y	ear ear
_	>					- استا	46	
7		enses incurred in monitoring, i	nspecting, and ent	orcing conservation ea	sements	auring	me year	
^	▶\$		an line Old above	atlahi tha yan-lean	n në namë	nn 470	/b)/4)/©)	
8	(i) and section	servation easement reported (- · · · · · · · · · · · · · · · · · · ·	S UI SECTH	on 170	(1)(4)(3)	7 W C W
_	• •						· · [☐ Yes ☐ No
9	•	cribe how the organization rep				•		-
		and include, if applicable, the accounting for conservation ea		s to the organization's	inianciai :	statem	ents that c	rescribes the
- Dow				torical Transverse	Otho	Ci_ii	o- Accel	
Part	_	zations Maintaining Collection if the organization answers		-		J IIIIII	ar Asset	8.
		tion elected, as permitted und	 			io etet	omont one	l balanca about
18		nistorical treasures, or other s						
	•	provide, in Part XIII, the text of		•		-		
_	•	tion elected, as permitted un						
Þ		nion elected, as permitted unit historical treasures, or other s						
	•	provide the following amounts		•	Jacotauti	., 🗸 10	~~~~~ III	instrictance U
		ncluded in Form 990, Part VIII,	•				¢	
	(ii) Appete incl.	iciuded in Form 990, Part X					Ψ	
2		tion received or held works of						in novide the
4		ints required to be reported un				, 101 111	nanviai ye	ui, piovide tile
_	•	ided in Form 990, Part VIII, line	•			_	¢	
8		ided in Form 990, Part VIII, line 1 in Form 990. Part Y	''				Ψ	

Schedu	te D (Form 990) 2012			_						Page 2
Par										
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, ched	ck any of the	he follo	wing that are	a signific	ant us	e of its
а	Public exhibition		d	☐ Loan	or exchan	ge prog	rams			
b	☐ Scholarly research			Othe						
c	Preservation for future generation	s	_				***************			
4	Provide a description of the organiza		and expl	ain how t	thev further	r the on	anization's ex	cempt or	moose	in Part
•	XIII.									,
5	During the year, did the organization assets to be sold to raise funds rather	than to be main	tained as	part of th	e organizat	tion's co	ollection? .	· 🗆	Yes	
Part					ganization	answe	red "Yes" to	Form 9	€0, Pa	irt IV,
	line 9, or reported an amour									
18	is the organization an agent, trustee included on Form 990, Part X?			-				_	Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the fo	allowing t	able:					
-	ii voo, oxpiaii iio ara gomeni ii.			, .				Amount		
c	Beginning balance					10	.			
ď	Additions during the year		• • •	• • •		10				
	Distributions during the year					16				
Ð	Ending balance					11				
f	Did the organization include an amou								Yes	
28	If "Yes," explain the arrangement in P									
Par		eta if the ergan	izetion e	Apianauo	"Voc" to	Form 0	OO Dod IV II	no 10	<u> </u>	<u> </u>
Fall	Endownert Funds, Compr	(a) Current year		or year	(c) Two year		(d) Three years b		our year	no hook
	Manhatan of combines	yay Current year	(6) (1)	- you	(0) 1 10) 00	20 DOOK	(d) Theo yours t	20x (0) (
18	Beginning of year balance	<u> </u>	 							
b	Contributions		 		 					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
8	Other expenditures for facilities and		T				1		-	
	programs		ł		l					
t	Administrative expenses		1			-				
9	End of year balance									*
2	Provide the estimated percentage of t	he current vear e	nd balanc	e (line 1c	. column (a	a)) held	8S:			
_ a	Board designated or quasi-endowmen		96	,	,,	•				
ь	Permanent endowment ▶	96								
c	Temporarily restricted endowment ▶	·····′ %								
•	The percentages in lines 2a, 2b, and 2		1 0194							
За	Are there endowment funds not in the			zation th	at are held	and ad	ministered for	the		
	organization by:	- ,	90011					*****	Yes	No
	(i) unrelated organizations							. За		140
	(ii) related organizations	<i>.</i>				• •		. 3a	_	+
_	If "Yes" to 3a(ii), are the related organi		roculmd	 an Cahad	ula D2		· · · · ·	. 3		+
4	Describe in Part XIII the Intended uses	c of the omenizati	ion's and	sument f	unde .	• •	• • • • •	. [3	<u> </u>	
Part										
Part						(4)	A naversulate of	(-)		
	Description of property	(a) Cost or o			or other basis ther)	, , , ,	Accumulated epreciation	(a) i	Book vali	ue
18	Land									
b	Buildings			l						
c	Leasehold improvements									
ď	Equipment			4	6807		12094	4	771	3
ē	Other	.						<u> </u>		
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	K, column	(B), line 1	O(c).)	>	4	77/	3

	les. See Form 990, Part X,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		<u> </u>
(G)		
(H) 		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1	/ Fac 10
Part VIII Investments—Program Rela		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(1)		
(2)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9) (10)		
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
(10)	Part X, line 15.	
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		(b) Book value
(10) Total (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1)	Part X, line 15.	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2)	Part X, line 15.	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3)	Part X, line 15.	(b) Book value
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(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 981. (a) Description of liability	Part X, line 15. (a) Description (b) Cool. (B) line 15.)	
(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 991. (a) Description of liability (1) Federal income taxes	Part X, line 15. (a) Description (b) Cool. (B) line 15.)	
(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 951. (a) Description of liability (1) Federal income taxes (2)	Part X, line 15. (a) Description (b) Cool. (B) line 15.)	
(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 991. (a) Description of liability (1) Federal income taxes (2) (3)	Part X, line 15. (a) Description (b) Cool. (B) line 15.)	
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(10) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. See Form 990, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X Part X Other Liabilities. See Form 991. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Part X, line 15. (a) Description (b) Cool. (B) line 15.)	
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: Kansas Music Educators Assoc, 48-1048341

Schedu	le D (Form 990) 2012			Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	1 1	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
0	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	,	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
8	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		. 4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expense	s per Return	1
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	, . ,	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	48		
b	Other (Describe in Part XIII.)	4b		
C			. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	. 5	
Part	XIII Supplemental Information			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			***************************************	***************************************

Schedule D (For	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization	Music	Educators	Association	Employer identification number 48-104834 /
	_		ection B, L	^
			o is made	
to a	U boo	rd member	ers for their	- review
			filing	
	, v			
Form c	790, Pa	art VI, Se	dion B, L	ine 12c : Each
board	member	- comple	ets a co	nflict of
and i	S <i>ins</i> 7	nucted to	o update	annually as Necessary
			, 	
Form	990 , 1	Part VI	Section 13	, Line 14:
The	1. 2550C1a	tion is	in the pr	ocess of
revieu	wing c	and ado	ptina a	reards
retent	ion 1	Dolicy.	in the pr	
	/			
Form	990, Pa	rt V1, 5	ection C, L	Ine 19: Form
990	and H	e govern	ring docum	nents are
availa	ble to	the pul	blic upon	request
Form	790, Pa	art 111	Section 4	d: The from
revenu	ie an	d expen	ses are	from
distri	ict cu	on vention	<u>S</u>	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number
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