

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 2	2013 cale	ndar year, or tax year beginning , 2	2013, and	ending			, 20
_	Check if a		C Name of organization MUSTC USA F	EST.	IUH	LSIN	D Employ	er identification number,
X	Address c	hange	Doing Business As	- 7		7	59	-d403014/
← `	Name cha	· · · · · · · · · · · · · · · · · · ·	Number and street (or P.O. box if mail is not delivered to street addres	s) Ro	com/suite		E Telephor	ne number
$\overline{}$	Initial retui	•	1780-2 DOULE KD	1		ŀ	386	122-126
	Terminate		City or town, state or province, country, and ZIP or foreign postal code	3		A ***		9 00 4 50 4
\equiv	Amended	1	DELTONA FLORIDA	٣	3070	2 5	G Gross re	ceipts \$ 0,306,713
_	Application	7	F Name and address of principal officer					subordinates? Yes No
بب	γφριισατισ	ni pending				1		s included? Yes No
	Tax-exem	not etatus	501(c)(3)	(t) or	527	1 ' '		list. (see instructions)
<u>. </u>	Website:		(ASSO (C)(C) (C) (C) (C) (C) (C) (C) (C) (C)	(1) 01	<u> </u>	H(c) Group		
			XCorporation ☐ Trust ☐ Association ☐ Other ►	L Year of	formation			of legal domicile
	art I	Summ		1 - 1 - 1		 -	1	
			escribe the organization's mission or most significant activ	vities:				
40	' '		COMOTE EDUCATION, IN	villes.	USI	C 16	2 r	WO COTIZE
Governance	-		FLENENTANY FATU COLLEGE	2 A-	DUE			V/A5 105 13
13							250/ of	ita not appete
Ş			is box ► ☐ if the organization discontinued its operations		osed or	more man	1 1	ils net assets.
	1		of voting members of the governing body (Part VI, line 1a)	=	 4 L \		3	
S			of independent voting members of the governing body (P				4	
/itie			nber of individuals employed in calendar year 2013 (Part	v, ime za		• • • •	5	
Activities &			nber of volunteers (estimate if necessary)		• •		6	- S - C - C - C - C - C - C - C - C - C
4			elated business revenue from Part VIII, column (C), line 12	2	• •	• • •	7a	<u> </u>
	d	Net unrei	ated business taxable income from Form 990-T, line 34	· · ·		Prior Ye	7b	[// ./ Cy
	ĺ	. . .				Phor 16	ar	Current Year
Revenue			tions and grants (Part VIII, line 1h)		·	2011	120	2 22 1/ ///
		_	service revenue (Part VIII, line 2g)	194) =	80/	0,304,145		
ě	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)		· <u> </u>			
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1					<u> </u>
	+		enue-add lines 8 through 11 (must equal Part VIII, column	(A), line 1	12) /	994	301	2306713
	1		nd similar amounts paid (Part IX, column (A), lines 1-3).		•		Q	
	1		paid to or for members (Part IX, column (A), line 4)		·		0	
es			other compensation, employee benefits (Part IX, column (A),	lines 5-1	0)	66.	3 24	3260
Expenses			onal fundraising fees (Part IX, control (TA)) // [met] t e)				0	
ă	1		draising expenses (Part IX, column (D), line 25)		î, '~`,		a	The state of the s
Ш	17 (Other exp	penses (Part IX, column (A), lines 11a-11901 1f-24e)		/	9513	71	<u>a3 18481</u>
	18	Total exp	penses. Add lines 13∰1,7 must equal Part IX, columb (A), li	ıne 25)		9880	105	<u>a 22174/</u>
	19 F	Revenue	less expenses. Subtract line 18 from line 12	<u> </u>			3 a a	4978
5 g			MOGDEN, UI		Beg	inning of Cu	rrent Year	End of Year
Assets or d Balances	20 1	Total ass	ets (Part X, line 16)		· L	109	16	16931
Z A B	21	Total liab	ulities (Part X, line 26)		· [_		36	1079
캶	22 1	Net asset	ts or fund balances. Subtract line 21 from line 20	<u> </u>	<u> </u>	IORY	<i>RO</i>	18852
Pa	art li	Signat	ture Block					
			ry, I declare that I have examined this return, including accompanying sci					ny knowledge and belief, it is
tru	e, correct,	and comple	ete. Declaration of preparer (other than officer) is based on all information	of which p	reparer ha	s any knowl	edge —	
		N						
Sig	jn	Signa	ature of officer			Da	te	
He	re	L	(X C/Shrshmud)				7	-15-14
	1	Type	or print name and title	7				
Pa		Print/Typ	pe preparer's name Preparer's signature	f.	Date		Check	7 if PTIN
		. F L	Liklpinschmidt Lotter	gi- a	4	185-14	self-emp	
	eparer	4					's EIN ▶	
US	e Only	/ 	ddress >				ne no.	· - · - · - · · · · · · · · · · · · · ·
Ma	y the IRS		s this return with the preparer shown above? (see instruct	tions) .				· · Yes No
			ction Act Notice, see the separate instructions.		Cat. No.	11282Y		Form 990 (2013)
							<i>(</i> 1, 1, 1)	

SCARINED SEP @ 8 2014.

Form 99	10(2013) MUSIC USH FESTIVIS INC 57,2903297 Page 2
Part	
1	Briefly describe the organization's mission: To promote educational music programs in jublic and private schools
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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?
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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,2 89 319 including grants of \$ 0) (Revenue \$ 2, 304 145)
	(Code:) (Expenses \$ 2,289 319 including grants of \$) (Revenue \$ 2,334 145) Promotion of Educational music programs in school
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 2. 2.89 319

			7 33247
Part IV Checklist of Requ	ired Schedules		

-ai l	Checklist of Regulied Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	1 2	X	250
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		2
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u></u>
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		V
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		×
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.			を記る
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		STATE AND 150
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		×
	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 f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		X
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		×
ь	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		¥
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		****
15	foreign investments valued at \$100,000 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		<u>×</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		<u>X</u>
7	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)	16		×
8	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.	17		X
9	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	+	$\frac{\hat{X}}{X}$
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-+	X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2013)

Part	Checklist of Required Schedules (continued)			
04	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	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			X
240	employees? If "Yes," complete Schedule J	23	ļ	<u> </u>
24a	\$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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\geq
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		×
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\\\\
25a	Section 501(c)(3) 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	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	06		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
21	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		ر
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		1
c	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		
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		
31	conservation contributions? If "Yes," complete Schedule M	30		
	Part I	31		<u> </u>
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		
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
ь	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.	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Form 9	30 (2013)	41		Page \$
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
4		17 7 47 5	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		1 . W
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- 3	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	200	220	4.5
0-	reportable gaming (gambling) winnings to prize winners?	1c	X) ~)E ~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4.53	35,20 €
	Statements, filed for the calendar year ending with or within the year covered by this return 2a L	-500		2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	J. vals	1.0
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		图图	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	+3	.
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1 ~	
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	ĺ		Ι.
	account)?	4a		>
L	If "Yes," enter the name of the foreign country:	70	£ 12.47	g ~ 1 = 2 12
u	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	15.36		, - ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	raeu L.	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Í
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	-
-	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	777		F. 5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3		3
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	275
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		\sim
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\searrow
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\times
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	E	Ž.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	37.00		فترسدته
_	organization, have excess business holdings at any time during the year?	8	W. F	X
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under costion 40662			1-
a	Did the organization make any taxable distributions under section 4966?	9a		IX,
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь	Έ,	X
10	Initiation fees and capital contributions included on Part VIII, line 12	7.7	. ***	1,
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 4		1,55
11	Section 501(c)(12) organizations. Enter:	43.4	** K	
	Gross income from members or shareholders	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources		: 1 a .	1.757
	against amounts due or received from them.)		望,像	100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ar and a	**
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		,	2 C).48
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	高減	2 (m) (g)	多表
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- <u>,+</u> -	
	Note. See the instructions for additional information the organization must report on Schedule O.	1.27	- F	.270
þ	Enter the amount of reserves the organization is required to maintain by the states in which	120	1.44.4	ingles,
	the organization is licensed to issue qualified health plans	13.		
C	Enter the amount of reserves on hand	المُتَّدِينِ ا		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

	190 (2013) Music USA Festivals Inc 59-2903247			Page (
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI		struc	tions.
Sect	ion A. Governing Body and Management		<u> </u>	- کلز
<u>OCO.</u>	ion A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	ē	1 3 4	
	If there are material differences in voting rights among members of the governing body, or	-[La Ba	
	if the governing body delegated broad authority to an executive committee or similar	1	, e	
	committee, explain in Schedule O.		3	2
b	Enter the number of voting members included in line 1a, above, who are independent . 1b		7. 2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or 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	<u> </u>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		
6	Did the organization have members or stockholders?	6		\ <u>\</u>
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		×
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7	3	11.
	the year by the following:		1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	
a	The governing body?	8a	X.	} -
þ	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		\times	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ode.	<u> </u>
0001	ton B. I dided (17115 decitor B requests information about policies not required by the internal riever	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
	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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			三 岭
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u> </u>
13 14	Did the organization have a written whistleblower policy?	13		\geq
15	Did the process for determining compensation of the following persons include a review and approval by	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	7. 12.	72.00
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		〈
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	表示	F. Committee	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	200	725	
	with a taxable entity during the year?	16a	17.1621	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	-3-3		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		2.2	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	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.	501(0	c)(3)s	only)
19	Own website Another's website Double Open request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the organization made its governing documents.		•	
13	financial statements available to the public during the tax year.	erest p	olicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	_£.		
	organization: PEI: Zabeth Kleinschmidt 1780-2 Dayle Da	or the		
			000	49.0 1.51
	Deltone FL 32725	rom	330	(2013)

, Form 990 (2013	Music.	USA 7	estivals	Inc	59- s	290324	7 Page 7
	Compensation of Independent Com		tors, Trustees, I	Key Employees	, Highest	Compensated	Employees, and

Check if Schedule O contains a response or note to any line in this Part VII . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 no	r any relate	d org	aniz	atio	n c	ompe	ะกรล	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
11) Charles Kleinschmidt Director (2) Elizabeth Kleinschmidt	3	X		×				0	0	O
Executive Director	20	Х		×		_		3,000	0	0
(3) Todd Swann Director	necded	X						0	0	O
(4)										
(5)										
(6)										
(7)										
(8)										
(9)				7						
(10)			7							
(11)			\dashv							
(12)					7					
(13)			1				1			
(14)			7							

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per	Pos neck ss pe d a d	(C) Position eck more than of person is both a director/trus			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(compensation
(15)											
(16)											
(17)										_	
(18)											
(19)									!		
(20)											
(21)											1
(22)											
(23)											
(24)											
(25)										<u></u>	
1b	Sub-total		 n A	l					3000		
_	Total (add lines 1b and 1c)	-		•	-	-	•	\	3 000		
2	Total number of individuals (including but reportable compensation from the organization)	not limited) wh		ore than \$100,	000 of N / A
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct	or, o	r tru	uste indi	e, l	keye val.	mpl	loyee, or high	est compensa	Yes No
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>										the
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	fual 3 4 4 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Section	n B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Rep year.										
	(A) Name and business addr	ess							(B) Description of se	ervices	(C) Compensation
	none										
						_					
2	Total number of independent contractor received more than \$100,000 of compens	s (includination from t	g but he or	nc gani	t li izat	mite ion I	d to	tho	nse listed abo	ve) who	

		Check if Schedule C	ontains contains	a response or note	to any line in thi	s Part VIII		[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 9	1a			1a		- 5	1 2 2 2 2 2 2 4	5, 2, 2, 2, 2
ts, Grants Amounts	Ь	Membership dues .		1b	⊣		1	
ع ق	1	-			4.5 - 3 - 5 - 5 - 5 - 5			
ž <u>Ā</u>	C	Fundraising events .		1c		- · · · · · · · · · · · · · · · · · · ·	1	
ons, Gifts, Similar Ar	d	Related organizations		1d	1/3. E	A STATE OF THE STA		
ĕ, <u>E</u>	е	Government grants (cor		1e				
Contributions, and Other Sim	f	All other contributions, g	ıfts, grants,			4 A 2. E. m. T. m. J.	-	T. 174 2 1 1 (1/17)
Contributions and Other	ł	and similar amounts not in	cluded above	16	The second second	10 10 10 10 10 10 10 10 10 10 10 10 10 1		1.7
₹ 5	l _	Noncash contributions includ			1			The same of the same
<u> </u>	g					1. T. C.		
	h	Total. Add lines 1a-1	<u>†</u>	<u> </u>	 	Particular and the	err = Lifetin e life	7
Program Service Revenue	ĺ	<i>-</i> o		Business Code	Alex St. Mr. Spirit Co.	5 1 3 5 5 C		ت تندست سندر
Š	2a	Ticket Rev Education Fe Festival For	enue	Į.	12,254 791	2,254 791		
æ	b	Education Fe	e-Rive	nia -	31, 244	31 244		
8	C	2001 200	Paurni		38 11 0	38, 110		1
2	d	T.E.A.T.W.E.IT.C.S.	. J. C. Y. S. 114		30,110	34, 110	 	
Š	_					 	 	
듄	е					ļ		
6	1	All other program ser					<u> </u>	
<u>-Ē</u>	g	Total. Add lines 2a-2	f <u></u>	<u></u> <u> ▶</u>	2,324 145	B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, 15. 77.	
	3	Investment income	(including	dividends, interest,	,			
	1	and other similar amo	ounts)	🕨			1	
	4	Income from investment	t of tax-exen	not bond proceeds				<u> </u>
	5	Royalties						
			(i) Real	(ii) Personal	25	1171-25 1 4	5	ton a suprace of the state of
	c-	C						
	6a	Gross rents	4,000			经 的基本	है कि भौतुम्ह है है	
	ь	Less: rental expenses	3 9 37				经国際 的	
	С	Rental income or (loss)	6	3		مراعد والمستونة المستونة	far Liftings of the	يهر واستان ولهز عابثتي
	d	Net rental income or (loss)	 	43		63	
	7a	Gross amount from sales of	(i) Securiti	es (ii) Other	**(103) 7*** 1 75*			1.45 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		assets other than inventory			1. E. J.		100 310 5	
	Ь	Less: cost or other basis					The second second	
		and sales expenses .					불의 기원이 경우	
	_	'			X		was a supplied	A STATE OF THE PROPERTY AND
i	ان	Gain or (loss) [4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		1 42 2 1 3 1 2 1	
	d	Net gain or (loss) .		· · · · · •	2 7			
	_				The state of the s			
2	8a	Gross income from fu	ndraising	Į.	1 - Tale	理學學院	[A STEEL SHOPE	
Revenue		events (not including \$		[
2		of contributions reporte	d on line 1c).	[] 공화 작성			
6		See Part IV, line 18 .		a		2-264	- Ex-	
Other	ь	Less: direct expenses		b	11 * * * * * * * * * * * * * * * * * *	The same of the sa	Crus and Plant S 199	
0		Net income or (loss) fr				新生业地下流。		
- 1	C				F. Ser u. 2 = 1 1 1 2 1			
- 1	98	Gross income from gar	-	1	Parket Transfer	المستحولية والمستحدث	'ಆರ್ಲ್ವ ಸೌಗಾಗ್ನೆವುಗು ಹಾಗಾಗ್ಯಹ್ಮನ ಸಂ	
1	_	···································		a				
- 1	Ь	Less: direct expenses			The state of the s	A TANK THE EVENT		
- 1	C	Net income or (loss) fr	om gaming	activities				
- 1	10a	Gross sales of inv	ventory, le	ess	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 4 2 4 2 4 2 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- 1		returns and allowance	s	a	1 1			
- 1	b	Less: cost of goods so	old	Ь		(1) 对对一个		
	C	Net income or (loss) from					المكسسة ما فتستعالم	
ŀ		Miscellaneous Re		Business Code	45	-1_75533333		No. and a second of the A
}	44-	· · · · · · · · · · · · · · · · · · ·						ا ع هذه المح المجادات المستحد المعادد
1	11a	Photo Sole	37.	454110	2505		2505	
-	ь							
	C			<u></u>				·-··
- 1	d	All other revenue .						
	е	Total. Add lines 11a-1		>		数 26.7 · 元 "		The state of the s
1	12	Total revenue. See in:	structions.	<u></u> ▶	2 326 713	2324 145	2568	
					1 7	1	, , , , , , , , , , , , , , , , , , , 	Form 990 (2013)

Part IX Statement of Functional Expenses

Secu	Check if Schedule O contains a response			ns must complete c	olumn (A).
Do no	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			17 (17 (17) 17 (17)	
2	Grants and other assistance to individuals In the United States. See Part IV, line 22				San american a feet for the
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3,000	3,000	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11 a	Other employee benefits	260	260	0	
c d	Legal	500	0	500	
e f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			Strategy of Control of the Strategy of the Str	
12 13	Advertising and promotion	4.057 273	0	6,057	
14 15	Information technology	700	0	700	
16 17 18	Occupancy	17,454	0	17, 454	
19 20	Conferences, conventions, and meetings . Interest	675	O.	675	
21 22 23	Payments to affiliates	172	U	172	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	Admission Expense Bank Charges	2, 255, 942 33	2, 255,942	<i>0</i> 33	
c	Danstians	5 660	5,660	Ù	
d e	All other expenses	15' 805	15 005	0	
25	Total functional expenses. Add lines 1 through 24e	2 321 741	2 2 89 319	35 422	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		,		

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u> </u>	
			• (A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	10.916	1	4,972
	2	Savings and temporary cash investments		2	
	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	A STATE OF THE STA
Z.	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 organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		٠٠ ٠٠ ٠٠ -	医神经神经 有, 23.
	l	other basis. Complete Part VI of Schedule D 10a 10 231	表示。 第二章	7:33	
	Ь	Less: accumulated depreciation 10b ; 72	Cof / The Charles of Control of the American Control	10c	10.059
	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets	-,	14	
	15	Other assets. See Part IV, line 11		15	1900
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10.91%	16	16 931
	17	Accounts payable and accrued expenses	34	17	1.079
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tex-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		40,00	
3	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		36	26	1079
8	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	海球を受ける	7,4	A TOPE THE STATE OF THE STATE O
<u>ا</u> ۾	27	Unrestricted net assets	to design the state of the stat	27	a arangan da
黃	28	Temporarily restricted net assets		28	
ا ت	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	FILE MARK ALLEY	3.30	THE THE WAS THE
<u>"</u>		complete lines 30 through 34.	对于一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	Farmer Land Land Control of the Cont	30	Minale and I fair fine
ig	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds	10. 880	32	13 852
5	33	Total net assets or fund balances ,	16, 880	33	
Z	34	Total liabilities and net assets/fund balances	10 916		15,852
1		10tg: illgommod and not account fund balanced	10 10	34	76 9 3 1 Form 990 (2013)

	XI Reconciliation of Net Assets			
	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 2	32	7
2	Total experience (many adams are not area of 1)	2 2,	32	1, 7
3		3	4	9
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	7
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	15	85
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," explain Schedule O.	an in	東京 京	Yes
22			0-	
20	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:		2a	
20	If "Yes," check a box below to indicate whether the financial statements for the year were compile		·传播 至編	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	ed or	·传播 至編	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	ed or	· 1000 ·	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	ed or	2b	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed or on a	· 1000 ·	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ed or on a	2b	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed or on a	2b	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accountable the organization changed either its oversight process or selection process during the tax year, explain schedule O.	on a sight ant?	2b	
b c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accountal the organization changed either its oversight process or selection process during the tax year, explain Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	on a sight ant? ain in	2b	
b c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were compile reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accountal the organization changed either its oversight process or selection process during the tax year, explain Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set for	on a sight ant? ain in o the	2b	

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.

2013

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name	of the organization	14 C D	G. Is i	1			1	· · · · ·	dentification		7
	Music	WZM	Fartivals	Inc			+bio	59.		324°	<u> </u>
Par	Reason 1	or Public Cr	narity Status (All org dation because it is: (I	ganization	through 1	omplete	only one	hoy)	nstructio	115.	
_			rches, or association						n.		
1 2			on 170(b)(1)(A)(ii). (Att			00 000		(~)(·)(~)(·,·		
3			nospital service organi			section [.]	170(b)(1)	(A)(ii).			
4			ition operated in conju						0(Б)(1)(А)(iii). Ente	r the
7		ne, city, and st			•						
5	☐ An organization	on operated fo	or the benefit of a coll mplete Part II.)	lege or un	iversity o	wned or	operated	by a go	vernment	al unit de	escribed in
6 7	An organization	e, or local government or governmental unit described in section 170(b)(1)(A)(v). on that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi). (Complete Part II.)									
8	☐ A community	trust describe	d in section 170(b)(1)	(A)(vi). (Co	mpiete Pa	art II.)					
9	receipts from support from acquired by the	activities rela gross investr he organization	lly receives: (1) more to ted to its exempt fun ment income and unit n after June 30, 1975.	ctions—su related bu See sectio	bject to o siness ta on 509(a)(certain e xable ind (2). (Com	xceptions come (les plete Par	s, and (2 ss section t III.)) no more in 511 ta:	than 33	31/3% of its
10			nd operated exclusive								
11 e	purposes of comparison of the purposes of comparison of the purposes of comparison of the purposes of the purp	one or more peck the box the b Typithis box, I certiundation mana (3(a)(2).	fy that the organization gers and other than o	anizations of supportin III-Function on is not co one or mon	describe ng organiz nally inte ontrolled o e publicly	d in sect zation an grated directly or support	ion 509(a d comple d [] indirectl ed organ	a)(1) or so te lines 1 Type III-I y by one izations o	ection 509 11e throug Non-functi or more o described	e(a)(2). So th 11h. tionally in disqualific in sectio	ee section tegrated ed persons on 509(a)(1)
f		ation received check this box	d a written determina	tion from	the IRS	that it is	a Type	I, Type	II, or Typ	e III sup	porting
9	Since August following pers		the organization acc	epted any	gift or co	ontributio	n from a	ny of the	•		
	(i) A person	who directly o	r indirectly controls, e body of the supported					describe	d in (ii) an	11g(i)	Yes No
	(ii) A family m	nember of a pe	rson described in (i) al	bove?						11g(iı)	
			of a person described		above? .					11g(iii)	
h	Provide the fo	llowing inform	ation about the suppo	rted organ	ization(s).						
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-5 above or IRC section (see instructions))	in col. (i) ii	organization isted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the .S.?		nt of monetary pport
			(000 11100 20110110),	Yes	No	Yes	No	Yes	No		
(A)											
				 	 -		<u> </u>				
(B)				_			 				
(C)		<u> </u>									
(D)											
(E)											
Total	<u> </u>										

Schedule A (Form 990 or 990-EZ) 2013 Music WA Fativals Inc 59 - 2903247

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2 (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 Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (f) Total (e) 2013 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the 2 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. . . . 4 The portion of total contributions by person (other than each governmental unit or publicly يعطيها عاجتم سيهو 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) 2009 **(b)** 2010 (d) 2012 (f) Total (c) 2011 (e) 2013 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 IV.) Total support. Add lines 7 through 10 11 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 15 % 331/3% support test-2013. 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/a% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more. check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. 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 10%-facts-and-circumstances test - 2012. 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

18

•	√ ⁄\	1 (~	11-	1 1			m
	ale A (Form 990 or 990-EZ) 2013 Music				59	290524	Page 3
Part	Support Schedule for Organiz (Complete only if you checked t				ization failed	to qualify up	tor Dort II
	If the organization fails to qualify						Jei Fait II.
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	1			•	}	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				 	 	
	sold or services performed, or facilities furnished in any activity that is related to the		}		ļ	İ	
	organization's tax-exempt purpose	903414	1. 268 111	1364216	1 994 327	2 324 145	7854 2
3	Gross receipts from activities that are not an		,			,	, , , , , , , , , , , , , , , , , , , ,
	unrelated trade or business under section 513			ļ			
4	Tax revenues levied for the organization's benefit and either paid	}			ļ		
	to or expended on its behalf	ļ	•		}	İ	
5	The value of services or facilities					<u> </u>	
	furnished by a governmental unit to the		ļ				
	organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	903414	1,268,111	1 364 216	1,994327	2,324,145	7,884,21
/a	received from disqualified persons .		ļ		,		·
ь	Amounts included on lines 2 and 3						
	received from other than disqualified					!	
	persons that exceed the greater of \$5,000					1	
_	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b	Free Park To the Late	李智二世 44 二十二	· · · · · · · · · · · · · · · · · · ·	"牧" 通	क्राराम् अस्या स्ट्रा	
•	line 6.)	选择的		· · · · · · · · · · · · · · · · · · ·			7,854, 213
ecti	on B. Total Support			,			-/
alen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	903,414	1268111	1,364,216	1 994 327	2324145	7,854,26
10a	Gross income from interest, dividends, payments received on securities loans, rents,		, ,			. ,	
	royalties and income from similar sources .	35	1				5 5
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С 11	Add lines 10a and 10b	55	0			0	55
• •	activities not included in line 10b, whether	[
	or not the business is regularly carried on					2568	2568
12	Other income. Do not include gain or				· · · · · · · · · · · · · · · · · · ·	,	
	loss from the sale of capital assets	l					
13	(Explain in Part IV.)	<u> </u>					·
. •	and 12.)	903469	1.268111	1,364,216	1,994,327	2 326 713	7,856,834
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	· · · · ·		-		
	on C. Computation of Public Suppor	rt Percentage	9				
15	Public support percentage for 2013 (line i	8, column (f) di	vided by line 13	3, column (f))		15	100%

Sect	ion C. Computation of Public Support Percentage		
15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	100 %
Sect	ion D. Computation of Investment Income Percentage		

	<u> </u>			
17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17		7 9
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	\overline{c}) 9

- 19a 331/2% support tests-2013. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .
 - b 331/2% support tests -2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/2%, and line 18 is not more than 331/3%, 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 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.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization -estivals Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

. Schedu	ule D (Form 990) 2013 Music L	AZ	Fest	Uz Is	In	ئ ے	59-	290324	7	Page 2
	III Organizations Maintaining	Collec	tions of	Art, His	itorica	l Treasure	s, or O	ther Similar A	ssets (cont	
3	Using the organization's acquisition, collection items (check all that apply):		on, and o	ther reco	rds, ch	eck any of	the follo	wing that are a	significant u	se of its
_	Public exhibition	•		а	[] Lo:	an or excha	nge pror	ırams		
a	Scholarly research									
b C	Preservation for future generations	e		•	_ 0					
4	Provide a description of the organiza	tion's co	llections	and expl	ain hov	they furthe	er the or	ganization's exe	empt purpose	in Part
•	XIII.									
5	During the year, did the organization assets to be sold to raise funds rather	solicit or than to	or receive be maint	donation	ns of ar part of	t, historical the organiza	treasure ation's c	es, or other sim ollection? .	ilar Yes	☐ No
Part	IV Escrow and Custodial Arra									
	Gomplete if the organization 990, Part X, line 21.									orm
1a	Is the organization an agent, trustee included on Form 990, Part X?						utions o	r other assets i	not · 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII a	nd comp	lete the fo	ollowing	table:		<u>.</u>		
							<u> </u>	- 	Amount	
C	Beginning balance						. 10			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						. 1			
2a	Did the organization include an amou									∐ No
	If "Yes," explain the arrangement in P	art XIII.	Check he	re if the e	xpianai	ion nas bee	n provid	ed in Part XIII		<u></u>
Par	Endowment Funds.		rad "Var	" to For	~ 000	Dort IV lie	20.10			
	Complete if the organization		rent year		ioryear	(c) Two ye		(d) Three years ba	ck (e) Four yea	are back
	D. C. day of was belong	(8) 00	yoar	(0) (1)	- year	(6) 1 40 9		(d) Three years oa	CK (e) FOLL yes	ara oack
1a	Beginning of year balance	<u> </u>		 				 		
b	Contributions			 -				 		
С	Net investment earnings, gains, and	(ļ						
	losses	<u> </u>		 						
d	Grants or scholarships			 						
е	Other expenditures for facilities and programs	ļ		}						
_	· · · · ·	<u> </u>		 						
f	Administrative expenses			 						
g	End of year balance	L		<u> </u>	/!:	1	/-\\ - - -			
2	Provide the estimated percentage of		ent year e		e (iine	ig, column	(a)) neio	as:		
a	Board designated or quasi-endowme			%						
þ	Permanent endowment >	%								
C	Temporarily restricted endowment ▶		%							
_	The percentages in lines 2a, 2b, and 2					(L _	
3a	Are there endowment funds not in the	e posse	ssion of ti	ne organi	zation	nat are neit	ano ac	iministered for t		1
	organization by:								Ye	s No
	(i) unrelated organizations						• •		3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organ	izations	listed as i	equireo (on Sche	dule H? .			3b	
4 Part		ment.							5.47.1	
	Complete if the organization									
	Description of property .	- (a) Cost or o (investri		(b) Cos	other)	, d	Accumulated epreciation	(d) Book va	alue
1a	Land						多类型	学で記述		·
b	Buildings	· _					- 			
c	Leasehold improvements	· L			9	,031	<u> </u>	143	8,89	78
ď	Equipment					,	4		<u> </u>	
e	Other	<u>. </u>				200	1	29	1.17	<u> </u>
Total	Add lines 1a through 1e. (Column (d) n	nust eau	ıal Form C	190 Part	x colui	nn (R) line '	10(c))	▶ i	ነላ ለፍ	e 9

(i) Financial derivatives (2) Closely-held equity interests (3) Other (4) (6) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		Complete if the organization a				
2) Closely-held equity interests		(a) Description of security or cates (including name of security)	gory	(b) Book value		
Solution Solution	1) Financial	derivatives				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(2) Closely-h	neld equity interests				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(3) Other					
G G G G G G G G G G	(A)					
Discrete Discrete	(B)					
Column (a) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(C)					
Color Colo	(D)					
(S) (H) (F) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	(E)					
(G) fill fotal, (Column (s) must equal Form 990, Part X, col. (B) line 12.) ▶ Part XVIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Description of investment (e) Description of investment (e) Description of investment (e) Description of investment (fill description (fill description of investment (fill description of	(F)					
Total Column (b) must equal form 990, Part X, col. (B) line 12. Part VIII Investments — Program Related.				· · · · · · · · · · · · · · · · · · ·	 	·····
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)					
Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Coast or end-of-year market value (b) Book value (c) Method of valuation. Coast or end-of-year market value (c) (d) (d) (d) (e) (e	Total. (Column (L	b) must equal Form 990, Part X, col. (B) line 12.)			標立と 3 記っ	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, Jine 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
Cost or end-of-year market value				m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
(4) (5) (6) (7) (8) (9) Ottal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Security Deposity (1) Georgian (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (c) Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Book value (c) Book value (c) Book value (d) Federal income taxes (e) Book value (f) Federal income taxes (g) Georgian (c) Must equal Form 990, Part X, col. (B) line 25.) Part X (c) (B) line 25. Part X (c) (B) li		(a) Description of investment		(b) Book value		
(4) (5) (6) (7) (8) (9) Ottal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Security Deposity (1) Georgian (b) must equal Form 990, Part X, col. (B) line 15.) (b) Book value (c) Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) Book value (c) Book value (c) Book value (d) Federal income taxes (e) Book value (f) Federal income taxes (g) Georgian (c) Must equal Form 990, Part X, col. (B) line 25.) Part X (c) (B) line 25. Part X (c) (B) li	(1)					
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Security Deposit (1) Form 990, Part X, col. (B) line 15.) (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			· · · · · · · · · · · · · · · · · · ·		T	
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Secure ty Deposit (2) (3) (4) (5) (6) (9) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Lead (a) Description of Bability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (9) (1) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					† · · · · · · · · · · · · · · · · · · ·	·······
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Security Description (c) Go.) (d) (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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(P) Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 1						
(6) (9) (9) (9) (1) (2) (2) (3) (4) (5) (6) (9) (7) (8) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (1) (1) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1						
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 1						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 1 9 0 0 (c) (c) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (g) (c) (c)						
Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		must equal Form 990, Part X, col. (B) line 13.)			19-11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	\$4.5.64 B
(a) Description (b) Book value (1) Security Deposit (2) (3) (4) (5) (6) (9) Fortal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (7) (8) (9) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1	Part IX					· · · · · · · · · · · · · · · · · · ·
(1) Security Deposit (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the granization's financial statements that reports the		Complete if the organization ar	swered "Yes" to For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
(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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			(a) Description			(b) Book value
(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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)	Serveith Denosit				1900
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Image of the footnote to the organization's financial statements that reports the	(2)					
(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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. I. (a) Description of liability (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the granization's financial statements that reports the	(3)					
(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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. I. (a) Description of liability (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the granization's financial statements that reports the	(4)					
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Image of the footnote to the organization's financial statements that reports the	(5)					
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Image of the footnote to the organization's financial statements that reports the	(6)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(8)	·				
Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(9)					
Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Γotal. (Colun		col. (B) line 15.)	<u> </u>		1900
line 25. I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X					,
(a) Description of liability (b) Book value (7) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			swered "Yes" to For	n 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			(b) Book value	7	ا چاہ ہو ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔	الايدر ويري مواجعة المعارضة
(3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · · · · · · · · · · · · · · · ·	come taxes				
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				2	استي آليماراً الرحيات وشيد مايا الراج الرسيحة المؤاد	, the men of the lates of the contract of the
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					The State of	Harris of the Armyly
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				**************************************	برائيل براد مي سواره المستول السميرة الإيامة في من يعام المستول السميرة	And the state of t
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)					
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)				Carrier The Contract	والمراجع والمعارب المجار المجار
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			me will		
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				The state of the s		والمنتان والمنان والمنان والمنان والمنان والمنان والمنتان والمنان والمنان والمنان والمنان والمنان والم
	Liability for	uncertain tax positions. In Part XIII, pro	vide the text of the footno	te to the organizatio	n's financial stateme	ents that reports the

Schedu		190324 / Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.	,,
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	E
а	Net unrealized gains on investments	
þ	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5 Dod		5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er neturn.
	Total expenses and losses per audited financial statements	T- T
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 *%***y**
2		
a		
b	Prior year adjustments	Tr T
c d	Other losses	
	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:	7E. 5
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.
·		
•••••		·····
		*

SCHEDULE O (Form 990 or 990-EZ)

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.

20**13**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Music USA Festivals Inc	59-2903247
Part VI line 2:	
Charles Kleinschmidt + Flizabetl	h Kleinsehmidt
are husband to wife	
CAE LINT DAVE O TOV-26	
Part VI line 9	
1205 S. Wordland Blud # 3	
Deland, FL 32720	
·	
0	
Part VI line 11b	
Directors Review the form 9	90 before
it is filed with the IR	
The Market of th	
Part II line 19	
Governing documents and fin	admeial statement
	C
are susilable to the public	TOV VEULEW
upon request	
,	
	*