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Form	フフリ

Extended to May 15, 2018

Return of Organization Exempt From Income Tax

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

Department of the Treasury	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.
Internal Reverue Service	► Information about Form 990 and its instructions is at www.irs.gov/form990. 1 70%

Open to Public Inspection

<u>A</u> _	For the	2016 calendar year, or tax year beginning JUL 1, 2016 and endin	ng JU	JN 30, 2017							
В	Check if	C Name of organization		D Employer identific	cation number						
_	applicable	THE BROOKLYN QUEENS CONSERVATORY OF			•						
	Address	S   1979 7 9									
	Name change	Doing business as		11-1	532426						
	Initial return	Number and street (or P.O box if mail is not delivered to street address)  Room	E Telephone numbe								
	Final return/	58 SEVENTH AVENUE	1	622-3300							
	termin- ated		G Gross receipts \$	3,343,424.							
	Amende	ed BROOKLYN, NY 11217-3608	-	H(a) Is this a group re							
	Application F Name and address of principal officer CHAD COOPER for subordinates? Yes X No										
	pending	9	K7 1	H(b) Are all subordinates in							
1	I Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 1527 If "No," attach a list (see instructions)										
	J Website: ► WWW . BKCM . ORG										
					State of legal domicile: NY						
P		Summary									
		Briefly describe the organization's mission or most significant activities See Sch	edu1	e 0							
Activities & Governance		<u></u>									
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more t	han 25% of its net as	sets						
š	!	Number of voting members of the governing body (Part VI, line 1a)		3	14						
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	14						
တ္	1	Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	201						
ığ:		Total number of volunteers (estimate if necessary)		6	18						
ŧ	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
_	1			Prior Year	Current Year						
	8 (	Contributions and grants (Part VIII, line 1h)		506,687.	704,024.						
ž	9 F	Program service revenue (Part VIII, line 2g)		2,336,641.	2,528,642.						
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-108.	243.						
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,910.	77,671.						
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,889,130.	3,310,580.						
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,046.	10,650.						
Γ	t .	Benefits 446 or for members (Part IX, column (A), line 4)		0.	0.						
l,		Salaries, Other composation, employee benefits (Part IX, column (A), lines 5-10)		2,406,402.	2,315,826.						
ş	16a F	rofessjonal fundraising fees (Part IX, column (A), line 11e)		12,000.	32,500.						
Expenses	b -	out Tundensing Libertses (Part X, column (D), line 25) \ 130,745.		``	',						
Ιŭ	17	other expenses (Part +X, column (A), lines 11a-11d, 11f-24e)		612,005.	648,745.						
	₁ <sub>s</sub> Ma	AU CON RESPONDENCE 3.17 must equal Part IX column (A) line 25)		3,052,453.	3,007,721.						
L	10.5	Revenue less expenses. Subtract line 18 from line 12		-163,323.	302,859.						
50	3		Begi	inning of Current Year	End of Year						
Net Assets or I	20	Total assets (Part X, line 16)		2,037,206.	2,466,566.						
ASS	21	Total liabilities (Part X, line 26)		1,416,606.	1,543,065.						
Ne.	22 1	Net assets or fund balances Subtract line 21 from line 20		620,600.	923,501.						
P	art II	Signature Block									
Und	der penal	lties of perjury, I declare that I have examined this return, including accompanying schedules and	statemer	nts, and to the best of m	y knowledge and belief, it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			_1						
					9/18						
Sıç	ın	Signature of officer		Date	1						
He		CHAD COOPER, EXECUTIVE DIRECTOR		'							
	2	Type or print name and title									
	967	Printype prepare Dna 967 Preparer's sypnature	JAN	1 1 0 2 Fig [	PTIN						
Pai	d þ	Kevin Sunkel	JAI	self-employ							
Pre	parer	Firmanagan & Co		Firm's EIN	13-2060851						
Use	Use Only Firm's address 60 East 42nd Street										
	T IDC	New York, NY 10165		Phone no 21	2-682-2783						
Ма	y the TA	S discuss this return with the preparer shown above? (see instructions)			X Yes No						
622	001 11-11	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		1	Form <b>990</b> (2016)						

4d Other program services (Describe in Schedule O)

(Expenses \$ 775,056 • including grants of \$

) (Revenue s

846,466.)

4e Total program service expenses

2,418,339.

Form 990 (2016)

832002 11-11-18

Form 990 (2016) MUSIC
Part IV Checklist of Required Schedules

			<u>Yes</u>	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	$\frac{\mathbf{x}}{\mathbf{x}}$	
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	ĺ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	!	1	
	If "Yes," complete Schedule D, Part IV	9		Х
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,			ĺ
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
þ	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	j		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		
	Schedule D, Parts XI and XII	12a	X_	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		]	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13	X	v
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	)		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_	<del>                                     </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	x	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<u> </u>	<del> </del>
18		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>''°</u>	43	<del>                                     </del>
19	complete Schedule G, Part III	19		x
	Complete Consegue of Fart III		990	(2016)
		. 5		,,,

Form 990 (2016) MUSIC
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ľ	
	Part IX, column (A), line 27 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 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	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			v
^^	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-11
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		<u> </u>	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00	<del></del>	
•	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	İ	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	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
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	ļ	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	L
		Earm	aan	(2016)

Form 990 (2016)

THE BROOKLYN QUEENS CONSERVATORY OF 11-1532426 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 18 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 201 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <u>5c</u> 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required

to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h 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. Did a donor advised fund maintained by the

sponsoring organization have excess business holdings at any time during the year?

Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter.

a Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

13b 13c X

6b

7a 7b

7с

7e **7**f

7g

7h

8

9a

9b

12a

13a

X

Х

Х

X

Form 990 (2016)

10a

10b

11a

11b

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

	Charle of School of Contains a response or sets to see the see the set VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management	-		بما
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 14			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		- 1	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</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		<u>X</u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3,5	
a	The governing body?	8a	X	
b	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	9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
	tion D. 1 Onoics (this Section B requests information about policies not required by the internal nevenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_		
12a		12a	X	
b	We will be a second of the sec	12b	X	
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	_X	
13	Did the organization have a written whistleblower policy?	13	_X	
14	Did the organization have a written document retention and destruction policy?	14	_ X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466	[	
500	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le le	
10	for public inspection. Indicate how you made these available. Check all that apply	214		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization - 718-622-3300			
	58 SEVENTH AVENUE, BROOKLYN, NY 11217-3608			
63200	6 11-11-16	Form	990	(2016)

11-1532426

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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

(A)	(B)	l Destina I						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of	
	week	<b>—</b>					,	from the	from related	other compensation	
	(list any hours for	direct						organization	organizations (W-2/1099-MISC)	from the	
	related	ie o	stee			nsate		(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization	
	organizations	Individual trustee or director	institutional trustee	l	oyee	Highest compensated employee				and related	
	below	vidua	tutbo	ļ ģ	Key employee	hest c	Former			organizations	
	line)	直	할	odffice.	ē,	토병	Ferr				
(2) RUSS SOPER	5.00	1							_		
VICE CHAIPERSON		X	_	X	_			0.	0.	0	
(3) FLORENCE HUTNER	5.00	1				1		_	_	_	
SECRETARY		X	L	X	<u> </u>	ļ		0.	0.	0	
(3) BERNADETTE LEVANDOWSKI	5.00					•			_	,	
CHAIRPERSON		X		X	<u> </u>	ļ		0.	0.	0	
(4) TATYANA GERSHKOVICH	5.00	]						_	_	_	
TREASURER		X		Х	<u> </u>		<u> </u>	0.		0	
(5) DANIEL DIPIETRO	1.00	]							_		
TRUSTEE		X			<u> </u>	ļ		0.	0.	0	
(6) ROBIN DULL	1.00			1	İ			_	_	_	
TRUSTEE		X			ļ_	ļ	<u> </u>	0.	0.	0	
(7) RACHEL HUGHES	1.00								_	_	
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(8) ZULEMA QUINTANS	1.00	1	}	l	l	1		}		_	
TRUSTEE		X		ļ	<u> </u>		_	0.	0.	0	
(9) LOUIS SEGALINI	1.00			1						_	
TRUSTEE		X	ļ	<u> </u>		_	_	0.	0.	0	
(10) ADAM STEIN	1.00	]			l		1				
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(11) NICHOLAS TATLOW	1.00		1								
TRUSTEE		X	ļ	ļ		Ь.		0.	0.	0	
(12) JASON TEPPER	1.00			,			]				
TRUSTEE		X	<u> </u>	<u> </u>			_	0.	0.	0	
(13) TAMARA WAYE	1.00	]									
TRUSTEE		X	<u> </u>	<u> </u>		↓_		0.	0.	0_	
(14) ROB WETSTONE	1.00			i	ŀ						
TRUSTEE		X	<u> </u>	<u> </u>		1_	<u> </u>	0.	0.	0	
(15) KEN BATISTA	1.00	1	1								
TRUSTEE		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0	
(16) SERENA DAYAL	1.00	1	1								
TRUSTEE		X		<u>L</u> .	$oxed{oxed}$	<u> </u>	_	0.	0.	0	
(17) JOEL KRESS	1.00									_	
TRUSTEE		X				l		0.	0.	l0	

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Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	iH k	ghe	st C	ompensated Employe	es (continued)			
• (A) • Name and title	(B) Average hours per week	box,	not cl	ss pe	rtion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npensa rom th ganizat ad relat anizati	e Ion ed
(18) TOM XU	1.00	х							0			0
TRUSTEE (19) CHAD COOPER	40.00	Λ				<del> </del>		0.		+-	<del></del>	0.
EXECUTIVE DIRECTOR				X				0.	0	-		0.
										-		
										-		-
									ı			
1b Sub-total c Total from continuation sheets to Pa	rt VII Section A					·	<b>&gt;</b>	0.	0			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including b	···	ose	liste	ed al	bov	e) wi	no r	0.	0			0.
compensation from the organization	<u> </u>										Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J	for such individual									3		х
<ul> <li>4 For any individual listed on line 1a, is the and related organizations greater than</li> <li>5 Did any person listed on line 1a receive</li> </ul>	\$150,000? If "Yes,	" co	mple	ete S	Sch	edul	e J i	for such individual		4		X
rendered to the organization? If "Yes,"					-					5		х
Section B. Independent Contractors  1 Complete this table for your five highes	st compensated inc	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
the organization Report compensation												
(A) Name and busir		N	INC	3				(B) Description of s	services	Compe	C) ensatio	n
						<u>-</u>						
										<del>-</del>		-
2 Total number of independent contractor		ot lu	mite	d to		se li: 0	stec	d above) who received n	nore than			
\$100,000 of compensation from the or	yanızadon 🚩					<u> </u>			<u> </u>	Form	990	2016

Total revenue			Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
1		•			<u> </u>	(A)	Related or exempt function	Unrelated business	I from tax under
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	nts	1 a	Federated campaigns	1a					
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	ara our	b	Membership dues	1b					
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	S, C	С	Fundraising events	10	65,878.				
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	無言			1d					
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	S, (			ons) 1e	194,360.				
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	Sign								
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	# E		similar amounts not included above	/e   1f	443,786.				
2 a TUITTON INCOME   511600   1, 452,671.   1, 452,671.	d Offi	g	Noncash contributions included in lines						
2 a TUTTTON INCOME  b MUSIC PARTNERS FES  c MUSIC THERAPY FES  d CONCERT REVENUE  f All other program service revenue  g Total. Add lines 2a:21  711130 51,100. 51,100.  711130 51,100. 51,100.  711130 51,100. 51,100.  711130 51,100. 51,100.  711130 51,100. 51,100.  81. 81. 81. 81. 81. 81. 81. 81. 81. 81.	<u>8</u> <u>8</u>	<u>h</u>	Total. Add lines 1a-1f	<del></del>	, <b>.</b>				<u> </u>
b MUSIC PARTNERS FEES c MOSIC TREVENUE c MOSIC THERAPY FEES d CONCERT REVENUE f All other program service revenue g Total, Add lines 2a-21 d Income from investment of tax exempt bond proceeds f Ross armount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) f a Gross amount from sales of assets other than inventory b Lass cost or other basis and sales expenses c Rantal income or (loss) f a Gross armount from fundraising events c Rental income or (loss) f a Gross armount from fundraising events f assets other than inventory b Lass cost or other basis and sales expenses c Rantal income or (loss) f a Gross armount from fundraising events f assets other than interior tax exempt bond proceeds f Rental income or (loss) f a Gross armount from sales of assets other than inventory b Lass cost or other basis and sales expenses c Gan or (loss) f a Gross recome from fundraising events (not including \$ 65,878. of contributions reported in let ) See Part IV, line 18 b Less direct expenses b Less. Cost of opods sold c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from sales of inventory Miscellianeous Revenue  11 a OTHER  900099 39,472, 39,472. 38,442. 3,310,580.2,568,114. 0,38,442.		_	MILLERTON THOOLE				1 450 651		
Total, Add ines 2a:27	ice								-
Total, Add lines 2a-27	le S								
Total, Add lines 2a-27	en S	-							<del> </del>
Total, Add lines 2a-27	Re	d	CONCERT REVENUE	<del></del>	711130	51,100.	51,100.		<del></del>
Total, Add ines 2a:27	Š		All allan		<u> </u>				<del>  </del>
3	_		·	nue		2 520 642			<del></del>
Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second	-					2,328,642.			
1		3		aiviaenas, intere	_	01			01
1			•	, avammt band o		01.			01.
(i) Real   (ii) Personal   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38 , 199 .   38				c-exempt bond p	broceeds				<del>                                     </del>
Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Securities   Se		5	Royallies	() Pool	(v) Personal				<del></del>
December 2   December 3   December 3   December 4   December 4   December 4   December 4   December 5   December 5   December 6   Dec			Crass route		(ii) Personai	1			
C Rental income or (loss)   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,199.   38,19			-		<del> </del>				
Total revenue   See instructions   Met rental income or (loss)   Met rental income or (loss)			·						
To a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 703.  Coain or (loss)  Reference from fundraising events (not including \$ 65, 878. of contributions reported on line 1c) See Part IV, line 18  Count including \$ 32,141.  Count including \$ 132,141.  Count			• •	30,199.		38 199			38 199
assets other than inventory b Less cost or other basis and sales expenses 703.  c Gain or (loss) 162. d Net gain or (loss) 162. d Net gain or (loss) 162.  8 a Gross income from fundraising events (not including \$ 65,878. of contributions reported on line 1c) See Part IV, line 18 a 32,141. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less cots of goods sold b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code 11 a OTHER 900099 39,472. 39,472.  b C d All other revenue e Total. Add lines 11a-11d  39,472.  12 Total revenue. See instructions.			• •	(i) Securities	<del></del>	30,133.			30,133.
b Less cost or other basis and sales expenses 703. c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 65,878. of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a OTHER b c All other revenue e Total. Add lines 11a-11d		, a			L (ii) Other				
and sales expenses		h	· ·	005.	· · · · · · · · · · · · · · · · · · ·				
Record   Company   Compa		•		703.					
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ 65,878. of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a OTHER b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.  162.		c	•	162.			ļ		
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Including \$ 65,878. of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER b C C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  132,141.  32,141.  0.  32,141.  0.  32,141.  32,141.  32,141.  332,141.  332,141.  342,141.  343,142.  343,142.  3442.				events (not			-		
contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 39,472. 39,472.  b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	ğ		· · · · · · · · · · · · · · · · · · ·	• .					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 39,472. 39,472.  d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  0.38,442.	e e		<del></del>	***			1		
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 39,472. 39,472.  d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  0.38,442.	Ĕ.		•	•	32,141.				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 39,472. 39,472.  d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  0.38,442.	를	b		b		1			
9 a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 39,472.  b c d All other revenue e Total. Add lines 11a-11d  39,472.  12 Total revenue. See instructions.	0	С	Net income or (loss) from fund	raising events	<b></b>	0.			
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 39,472. 39,472.  d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  0.38,442.	1			-					
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 39,472.  4 All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  5 C C C C C C C C C C C C C C C C C C									
10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER		b	Less: direct expenses	b					
and allowances  b Less. cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER  900099  39,472.  39,472.  d All other revenue  e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  0. 38,442.		С	Net income or (loss) from gam	ing activities	<b></b>				
b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 39,472. 39,472.  d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  3,310,580.2,568,114.  0. 38,442.		10 a	Gross sales of inventory, less	returns					
C Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a OTHER       900099         b       39,472.         c       39,472.         d All other revenue       39,472.         total. Add lines 11a-11d       39,472.         12 Total revenue. See instructions.       3,310,580.2,568,114.			and allowances	а					
Miscellaneous Revenue         Business Code           11 a OTHER         900099           b         39,472.           c         4 All other revenue           e Total. Add lines 11a-11d         39,472.           12 Total revenue. See instructions.         3,310,580.2,568,114.           0. 38,442.	İ	b	Less. cost of goods sold	b					
11 a OTHER  b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.  900099 39,472. 39,472.  39,472.  39,472.  39,472.  39,472.	ļ	С	Net income or (loss) from sale	s of inventory	<u> </u>				
b				е					
c       d All other revenue         e Total. Add lines 11a-11d       ▶ 39,472.         12 Total revenue. See instructions.       ▶ 3,310,580.2,568,114.		11 a			900099	39,472.	39,472.		
d All other revenue  e Total. Add lines 11a-11d  ▶ 39,472.  12 Total revenue. See instructions.  ▶ 3,310,580.2,568,114.  0. 38,442.		b							
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  39,472.  39,472.  3,310,580.2,568,114.  0. 38,442.	ļ	С				<u> </u>			<del>                                     </del>
12 Total revenue. See instructions.   → 3,310,580.2,568,114.   0. 38,442.		_			<u> </u>	22 452			
Form <b>900</b> (2010)							2 560 114		20 442
				<del></del>		<u>12,210,580.</u>	4,508,114.	0	

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Form 990 (2016) MUSIC
Part IX Statement of Functional Expenses

	. Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		_		
	individuals. See Part IV, line 22	10,650.	10,650.		<del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	15,000.		15,000.	
6	trustees, and key employees  Compensation not included above, to disqualified	15,000.		15,000.	
0	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,025,595.	1,827,833.	131,087.	66,675
8	Pension plan accruals and contributions (include	2,023,333.	1,027,033.	131,007.	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	99,495.	57,152.	39,630.	2,713
10	Payroll taxes	175,736.	135,856.	34,860.	5,020
11	Fees for services (non-employees)				
	Management	Ì			
b		2,115.	170.	1,945.	
С	Accounting	26,756.		26,756.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	32,500.			32,500
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	70,838.	52,820.	9,920.	8,098
12	Advertising and promotion	42,950.	35,995.	5,630.	1,325
13	Office expenses	125,436.	101,633.	19,000.	4,803
14	Information technology	2,071.		271.	1,800
15	Royalties				
16	Occupancy	101,794.	50,523.	49,411.	1,860
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		5 000	004	020
19	Conferences, conventions, and meetings	7,504.	6,288.	984.	232
20	Interest				
21	Payments to affiliates	07 004	72 150	11 440	2 (04
22	Depreciation, depletion, and amortization	87,294.	73,158.	11,442.	2,694
23	Insurance	3,864.		3,864.	
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.)				
а	WATERMENTANCE AND DEDATED	76,047.	63,732.	9,968.	2,347
b	CREDIT CARD AND COLLECT	53,331.		53,331.	
c	MISCELLANEOUS	48,745.	2,529.	45,538.	678
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,007,721.	2,418,339.	458,637.	130,745
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)				

Form 990 (2016)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 472,990. 203,442. 1 Cash - non-interest-bearing 48,153. 4,525. 2 2 Savings and temporary cash investments 78,375. 53,460. 3 3 Pledges and grants receivable, net 610,256. 309,960. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net Inventories for sale or use 8 29,095. 25,336. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 3,301,733. basis Complete Part VI of Schedule D 10a 1,290,660. 1,365,889. 2,011,073. 10c 10b b Less accumulated depreciation 1,782. 2,253. 11 Investments · publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 3,798. 3,798. 15 15 Other assets See Part IV, line 11 2,037,206. 2,466,566. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 113,179. 147,868. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 1,014,123. 824,225. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 415,763. 444,513. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 543,065. 416,606. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 852,331. 509,884. 27 Unrestricted net assets 27 22,721. 62,267. 28 Temporarily restricted net assets 48,449. 48,449. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 620,600. 923,501. 33 33 Total net assets or fund balances 2,466,566. 34 Total liabilities and net assets/fund balances

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	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	1		
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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	1		
	Act and OMB Circular A-133?	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2016)

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### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

2

Van	e of t			UEENS CONSER	VATOR	Y OF			identification number		
Da	rt I	MUSI	Charity Status (	NII				1	1-1532426		
		Reason for Public					e instruction	<u> </u>			
	organ	ization is not a private found		_	-				$\wedge \bigcirc$		
1	묽	A church, convention of ch					)(A)(i).		( ) / .		
2	X	A school described in sect							00		
3	님	A hospital or a cooperative						_			
4	L	A medical research organize city, and state	ation operated in coi	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
5		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). (0				,					
6		A federal, state, or local go	vernment or governn	nental unit described in s	ection 17	'0(b)(1)(A)	(v).				
7		An organization that norma						he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)					<del>-</del>			
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	ll)						
9		An agricultural research org				ed in conju	nction with a	land-grant	college		
		or university or a non-land-									
		university.									
10		An organization that norma	illy receives. (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts from		
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busine	sses acqu	ired by the oi	ganization	after June 30, 1975		
		See section 509(a)(2). (Co	mplete Part III )								
11		An organization organized	and operated exclus	ively to test for public sa	fety See :	section 50	9(a)(4).				
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ns of, or to c	arry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	section	509(a)(2)	See section	509(a)(3). C	check the box in		
		lines 12a through 12d that	describes the type o	of supporting organization	and com	plete lines	s 12e, 12f, an	d 12g			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s),	typically by	giving		
		the supported organizati	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	upporting		
		organization You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	janization supervised	or controlled in connect	ion with it	s support	ed organizatio	on(s), by ha	ving		
		control or management of	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	age the sup	ported		
		organization(s) You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	egrated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization	_								
d		Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally in	tegrated The organiz	zation generally must sat	isfy a disti	ribution re	quirement an	d an attent	veness		
		requirement (see instruct	nons) You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the org						II, Type III			
		functionally integrated, o	r Type III non-functio	nally integrated supporti	ng organi	zation					
f	Ente	er the number of supported	organizations								
g		vide the following information	n about the supporte	ed organization(s)							
	(	(i) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your govern	nization listed ng document?	(v) Amount o	·=	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
		<del> </del>	<u> </u>								
			1	i i		1					

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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 MUSIC 11-1532426 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (f) Total (b) 2013 (c) 2014 (d) 2015 (e) 2016 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities. furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support, (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(́b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not includé gain or loss from the sale of capital assets (Explain in Part VI') 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 15 % Public support percentage from 2015 Schedule A, Part III, line 15 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) % 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19á 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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### Part IV Supporting Organizations

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

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

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Schedule A (Form 990 or 990-EZ) 2016

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

2

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 MUSIC			11-1532426 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on i	Nov 20, 1970 (explain in	Part VI) See instructions. Al
other Type III non-functionally integrated supporting organizations must of	omplete Se	ctions A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		<u></u>
5 Depreciation and depletion	5		<u></u>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			i
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u></u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	· <u> · · - · · - · · - · · · · · · · ·</u>	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<u> </u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u></u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	·	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u>.                                  </u>	
7 Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

	dule A (Form 990 or 990-EZ) 2016 MUSIC		1	1-1532426 Page 7
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exi	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	<u></u>		
_3_	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6_	Other distributions (describe in Part VI) See instructions			
_7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	)	
	(provide details in Part VI) See instructions			
_9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
<u>a</u>				
<u>b</u>				
c	From 2013			
<u>d</u>	From 2014		<u> </u>	
<u>_</u> e	From 2015			
f_	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7. \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if		•	
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7 	Excess distributions carryover to 2017. Add lines 3; and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013			
c	Excess from 2014			
<u>d</u>	Excess from 2015			
		Ī	l	İ

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MUSIC  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Seline 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	Section C
	<del></del>

### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF

Employer identification number 11-1532/26

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anızatıon answered "Yes" on Form 990, Pai	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		∐ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organization's accounting for
П	conservation easements rt III Organizations Maintaining Collections of	Art Historical Traceures or Oth	per Similar Assets
Pa			lei oliillai Assets.
	Complete if the organization answered "Yes" on Form		ent and balance sheet works of art
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in rait Alli,
_	the text of the footnote to its financial statements that descri		and halance cheet works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		<b>~</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	for the completeto for fire-world	Tour provide
2	If the organization received or held works of art, historical tree		gain, provide
	the following amounts required to be reported under SFAS 1	To (ADC 900) relating to these items	<b>L</b> ¢
a	Revenue included on Form 990, Part VIII, line 1		<b>*</b> • • • • • • • • • • • • • • • • • • •
<u>b</u>	Assets included in Form 990, Part X		Φ

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

Schedule D (Form 990) 2016

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	dule D (Form 990) 2016 MUSIC					<u> 11-15</u>	<u> 32426</u>	Page 2
Pai	t III   Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	tems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e		9- 2- 3				
C	Preservation for future generations	·						
4	Provide a description of the organization's co	alloctions and evalua	n haw thay further t	ha araani-atian'a si		D	4 VIII	
5						ose in Par	t Alli.	
J	During the year, did the organization solicit o				ar assets		٦	<del></del>
Par	to be sold to raise funds rather than to be made to IV Escrow and Custodial Arran	aintained as part of t	ne organization's co	ollection?			Yes	<u>No</u>
rai	<del></del>		ete if the organization	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other assets no	ot included	_		
	on Form 990, Part X?						_ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					
							Amount	
С	Beginning balance				1c		•	
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fi	orm 990 Part Y line	21 for escrow or co	ustodial account lial		<u>'                                 </u>	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII					<u> </u>	_ 163	<b>H</b> "
Pai								
	Zitasvillotte i ariasi complete i				T	voore beek	T (-) Four	
		(a) Current year	(b) Prior year	(c) Two years back		years back		
1a	Beginning of year balance	48,449.	48,449,	69,611	•	<u>108,611.</u>	· <del> 1</del>	08,611.
b	Contributions				<u> </u>			
С	Net investment earnings, gains, and losses	68,	95,	5	.	2.	<u> </u>	19.
d	Grants or scholarships	68,	95,				<u> </u>	
е	Other expenditures for facilities						1	
	and programs			21,167		39,002.		19.
f	Administrative expenses							
g	End of year balance	48,449.	48,449	48,449		69,611.	1	08,611.
2	Provide the estimated percentage of the curr				•			
	Board designated or quasi-endowment	, ,	%	.,,				
	Permanent endowment ► 100.00	%	_^*					
	Temporarily restricted endowment	^ %						
·	The percentages on lines 2a, 2b, and 2c sho	_						
0-		•	_4 414 11_1		. 41	4		
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are neid a	ina aaministerea tor	tne organ	ization	Г.	<del> </del>
	by						1	es No
	(i) unrelated organizations						3a(i)	<u> X</u>
	(ii) related organizations						3a(ıi)	X_
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requii	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Pai	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a S	See Form 990, Part	X, line 10			
	Description of property	(a) Cost or o		1	Accumulat	ed	(d) Book v	value
	= 222E a. B.aba	basis (investr			epreciation		,_,, ,	
10	Land	, <u>,</u>	·	5,000.	,		15	,000.
				1,758. 1	495,7	a a		,959.
	Buildings	-	4,73	T, 130 + T	, <del>1</del> 23, /	22.	1,433	, , , , , , ,
	Leasehold improvements		F 2	4 075	E1 F 2	74	10	701
	Equipment		5.5	4,975.	515,2	/4.		<u>,701.</u>
	Other		<u>.L</u>	L			4 605	
Total	l. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c)			1,290	,660.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 MUSIC			<u>11-1532426 Page 3</u>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)			
(1) Financial derivatives	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(2) Closely-held equity interests			
(3) Other			
(A)	<u> </u>		
(B)			
(C)			
(D)			<del></del>
(E)			
(F)	<del></del>		
(G)			
(H)			<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	ie 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)	<del></del> .		
(5)			
(6)			<del></del> <u>.</u>
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form COO Dort IV lim	o 11d See Form 000 Dest V line 15	
	Description	le 11d See Form 990, Part A, line 15.	(b) Book value
(1)			(S) DOM DAME
(2)			
(3)			
(4)			
(5)			
(6)		\	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, Im	e 11e or 11f See Form 990, Part X, line	25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Chec		en provided in Part XIII

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632054 08-29-16

Schedule D (Form 990) 2016	MUSTC	END CONSERVATORI OF	11-1532426 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	mation (continued)		11 1332420 Page 5
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### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

MUSIC

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

THE BROOKLYN QUEENS CONSERVATORY OF

Employer identification number 11-1532426

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain			
	If you need more space, use Part II	3	X	
	See Part II			
4	Does the organization maintain the following?	1		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b		4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d .	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
			!	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		_X_
b	Admissions policies?	5b		_X_
С	Employment of faculty or administrative staff?	5c		_X_
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
•	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.  Schedule E (Form	990 or		2016

632061 10-10-16

Schedule E (Form 990 or 990-EZ) 2016 MUSIC 11-1532426 F	age 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable	
Also provide any other additional information	
Line 3 - Explanation of Nondiscrimination Policy:	
BKCM ADVERTISES ON ALL PRINT AND DIGITAL MEDIA PLATFORMS THAT	
WE OFFER PRIVATE AND GROUP INSTRUCTION IN EVERY MAJOR	
INSTRUMENT AS WELL AS AN EARLY CHILDHOOD MUSIC PROGRAM FOR	
PARENTS AND CHILDREN AND A SUZUKI PROGRAM. THE MUSIC PARTNERS	
AND MUSIC THERAPY DIVISIONS BRING MUSIC EDUCATION PROGRAMS	
AND MUSIC THERAPY TO SCHOOLS, YOUTH, SENIOR AND ADULT-SUPPORT SERVICE	
CENTERS, FOSTER CARE AGENCIES, AND OTHER COMMUNITY-BASED ORGANIZATIONS.	
BKCM IS AN INCLUSIVE INSTITUTION THAT DOES NOT DISCRIMINATE DUE TO AGE,	
SEX, RELIGION, RACE, COLOR, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS	
VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER FACTOR PROHIBITED BY L.	AW.
Line 6 - Explanation of Government Financial Aid:	
THE CONSERVATORY APPLIES AND RECEIVES GRANTS FROM CITY, STATE AND FEDER	AL
GOVERNMENTS TO HELP SUPPORT AND FURTHER ITS PROGRAMS.	

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF

Employer identification number

11-1532426 MUSIC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col (i) contributions GEORGE STEEL DEVELOPMENT Yes No 32,500 -32,500. 261 BROADWAY, NEW YORK, NY DEVELOPMENT FUNDRAISING 32 500 -32 500. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

See Part IV for continuations

Schedule G (Form 990 or 990-EZ) 2016

2

THE BROOKLYN QUEENS CONSERVATORY OF Schedule G (Form 990 or 990-EZ) 2016 MUSIC 11-1532426 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events PROGRAM AND None (add col (a) through COMMUNITY EV col (c)) (event type) (total number) (event type) 98,019 <u>98,019.</u> Gross receipts 65,878 <u>65,878.</u> 2 Less. Contributions 32,141. 32,141 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 19,607. 19,607. 7 Food and beverages 9,525. 9,525 Entertainment 8 3,<u>009.</u> ,009 Other direct expenses 32,141. 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: J No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

<u> </u>	THE BROOKLYN QUEENS CONSERVATORY OF	1520406	
_		<u> 1532426</u>	
	Does the organization conduct gaming activities with nonmembers?	L Yes	∟ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		<u></u>
42	to administer charitable gaming?	Yes	L No
	Indicate the percentage of gaming activity conducted in:  The organization's facility	اءما	07
	o An outside facility	13a	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	13b	
17	the file half and address of the person who prepares the organization's garning/special events books and records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	If "Yes," enter name and address of the third party		
	No. 18		
	Name		<del></del>
	Address		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation > \$		
	Carming manager compensation P &		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
·	retain the state gaming license?	Yes	No No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III.	, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
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Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	rs:	
/:	\ Name of Fundaciaca, CEODCE CHEEL DEVELOPMENT		
<u>(i</u>	) Name of Fundraiser: GEORGE STEEL DEVELOPMENT		
(i	) Address of Fundraiser: 261 BROADWAY, NEW YORK, NY 10007		
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• •	THE BROOKLYN	QUEENS	CONSERVATORY OF	
Schedule G (Form 990 or 990 EZ)  Part IV Supplemental Infor	MUSIC			11-1532426 Page 4
Part IV   Supplemental Infor	mation (continued)			
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# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

**2 Employer identification number** 11-1532426 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant THE BROOKLYN QUEENS CONSERVATORY OF (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury nternal Revenue Service Part I Part II

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

Schedule I (Form 990) (2016)

Page 2

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Schedule I (Form 990) (2016) MUSIC

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) TEEN JAZZ SCHOLARSHIPS ARE FUNDED BY VARIOUS GRANTS THE STUDENTS TOTAL TUITION (UNLESS THE STUDENT IS PART OF OTHERWISE WOULD NOT BE ABLE TO AFFORD MUSIC INSTRUCTION. AWARDS ARE NEVER Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information SCHOLARSHIPS ARE BASED ON FINANCIAL NEED AND ARE AWARDED TO STUDENTS WHO (d) Amount of non-cash assistance 10,650, (c) Amount of cash grant (b) Number of recipients 61 THE TUITION AND AWARDS COVER 908-100% OF (a) Type of grant or assistance OUR TEEN JAZZ PROGRAM). MORE THAT 50% OF Line SCHOLARSHIPS Part I,

ALL SCHOLARSHIP STUDENTS ARE REQUIRED TO FILL OUT A FINANCIAL AID

APPLICATION. THIS INCLUDES SUBMITTING THEIR MOST RECENT FEDERAL TAX FORM

632102 11-01-16

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Schedule I (Form 990) (2016)

Schedule I (Form 990)

### **SCHEDULE 0** (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.

► Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

Employer identification number 11-1532426

Form 990, Part I, Line 1, Description of Organization Mission:
THE BROOKLYN CONSERVATORY OF MUSIC TRANSFORMS AND ENRICHES THE LIVES OF
THOSE WHO ARE UNDERSERVED THROUGH MUSIC EDUCATION AND MUSIC THERAPY. WE
ACCOMPLISH THIS GOAL BY PROVIDING MUSIC EDUCATION PROGRAMS IN SCHOOLS,
COMMUNITY CENTERS, AND THROUGH COLLABORATION WITH OTHER ORGANIZATIONS.
SKILLS THAT ARE DEVELOPED THROUGH UNDERSTANDING AND MAKING MUSIC ARE
ESSENTIAL TO THE EDUCATIONAL PROCESS, AND TO THE GROWTH AND WELL-BEING
OF THE INDIVIDUAL. USING MUSIC AS A THERAPEUTIC TOOL, WE HELP PEOPLE
WITH EMOTIONAL, DEVELOPMENTAL AND PHYSICAL DISABILITIES IMPROVE THEIR
LIVES. BKCM VALUES MUSIC AS A HUMAN RIGHT; SOMETHING THAT IS ESSENTIAL
FOR HEALTHY INDIVIDUALS AND COMMUNITIES. WE BELIEVE THAT MUSIC HAS THE
POWER TO BUILD COMMUNITY AND TRANSFORM LIVES.
Form 990, Part III, Line 4b, Program Service Accomplishments:
WORK ETHIC, AND DEVELOP A SENSE OF CAMARADERIE WITH THEIR PEERS.
Form 990, Part III, Line 4d, Other Program Services:
OTHER MUSIC PROGRAMS INCLUDE SUZUKI PROGRAM - IN THE SUZUKI PROGRAM,
CHILDREN LEARN TO PLAY THEIR INSTRUMENT AS THEY LEARN THEIR MOTHER
TONGUE - FROM A YOUNG AGE, THROUGH IMMERSION IN A MUSICAL ENVIRONMENT,
AND WITH THE ENCOURAGEMENT OF THEIR PARENTS, COMMUNITY CHORALE,
COMMUNITY ORCHESTRA, AND MUSIC ADVENTURES - UNSTRUCTURED MUSIC AND
INSTRUMENT PLAY FOR CHILDREN AND THEIR ADULT COMPANIONS WITH GUIDANCE
FROM BKCM EARLY CHILDHOOD FACULTY.
Expenses \$ 775,056. including grants of \$ 0. Revenue \$ 846,466.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

Employer identification number 11-1532426

Form 990, Part VI, Section B, line 11b:

THE CONSERVATORY'S 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS THEN REVIEWED BY STAFF AND THE EXECUTIVE DIRECTOR AND UPDATED AS NECESSARY. A REVISED DRAFT IS THEN SENT TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL.

ONCE THE FORM IS APPROVED A COPY IS SENT TO THE BOARD PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c: THE BROOKLYN QUEENS CONSERVATORY OF MUSIC'S CONFLICT OF INTEREST POLICY REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO FILE ANNUAL CONFLICT OF INTEREST REPORTS WITH THE ORGANIZATION. THE FOLLOWING PROCESS IS USED TO GATHER, REVIEW AND RESOLVE ANY CONFLICTS. FIRST THE STAFF SENDS CONFLICT OF INTEREST REPORTS TO EACH OFFICER, DIRECTOR AND KEY EMPLOYEE ANNUALLY. THE STAFF THEN GATHERS THE REPORTS, REVIEWS THEM AND WRITES A CONFLICT OF INTEREST MEMO STATING THE NUMBER OF COI REPORTS WITH NO CONFLICTS, LISTING MISSING AND OUTSTANDING COI REPORTS AND SUMMARIZES THE REPORTS WITH POTENTIAL AND ACTUAL CONFLICTS OF INTEREST INCLUDING IN-DEPTH INFORMATION REGARDING THE CONFLICT AND RECOMMENDATIONS FOR RESOLUTION OF THE POTENTIAL OR ACTUAL CONFLICT OF INTEREST. THE STAFF SENDS THE MEMO ALONG WITH COI REPORTS CONTAINING CONFLICTS TO THE AUDIT COMMITTEE AND GOVERNANCE THE GOVERNANCE COMMITTEE REVIEWS THE MEMO, CONFLICT OF INTEREST REPORTS AND RECOMMENDATIONS FOR RESOLUTION AND DETERMINES THE APPROPRIATE COURSE OF ACTION UNDER THE CONFLICT OF INTEREST POLICY. THE DETERMINED COURSE OF ACTION IS REPORTED TO THE INTERESTED PARTIES. THE GOVERNANCE

Form 990, Part VI, Section B, Line 15:

THE BROOKLYN QUEENS CONSERVATORY OF MUSIC USES COMPARABLE COMPENSATION DATA
632212 08-25-16
Schedule O (Form 990 or 990-EZ) (2016)

COMMITTEE ALSO REPORTS EACH CONFLICT AND RESOLUTION TO THE DIRECTORS OF THE

BROOKLYN QUEENS CONSERVATORY OF MUSIC AT THE SUBSEQUENT BOARD MEETING.

Name of the organization THE BROOKLYN QUEENS CONSERVATORY OF **Employer identification number** MUSIC 11-1532426 TO REVIEW, ANALYZE AND DETERMINE THE INITIAL COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER STAFF BASED ON RESEARCH REGARDING COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS REPORTED ON FORM 990 OF COMPARABLE ORGANIZATIONS OR IN COMPENSATION SURVEYS. AFTER THE FIRST YEAR OF EMPLOYMENT, COMPENSATION IS DETERMINED BY PERFORMANCE AND BY COLA ADJUSTMENTS. THE ORGANIZATION DOES NOT USE COMPARABLE COMPENSATION DATA TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER STAFF AFTER THE INITIAL STARTING COMPENSATION IS DETERMINED. THE INITIAL COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE ORGANIZATION'S GOVERNING BODY. THE INITIAL COMPENSATION OF OTHER STAFF IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND HUMAN RESOURCES STAFF. CONSERVATORY'S BOARD USES CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION OF THE EXECUTIVE DIRECTOR. Form 990, Part VI, Section C, Line 19: THE CONSERVATORY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT DOES NOT CHARGE THE PUBLIC FOR THESE DOCUMENTS AND PROVIDES AN ADDITIONAL COPY VIA EMAIL. THE CONSERVATORY DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC. SCHEDULE G, PART I, LINE 2b