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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2016)

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

_		2016 calendar year, or tax year beginning July 1 , 2016, and ending	June 3	0 , 20 17
_	heck if ag			entification number ?
	Address c			18-089512
==	vame cha		Telephone n	
	nitial retui		-	5-462-7808
=		n/terminated		
==	Amended	return Com MC 67774	Group Exe	'
. ==-		,, persons	Number 1	
				if the organization is not
	/ebsite			ach Schedule B
		,	m 990, 99	0-EZ, or 990-PF).
		organization: Corporation Trust Association Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	- 9	52,719
P	art i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
		Check if the organization used Schedule O to respond to any question in this Part I .	· ; ;	
	1	Contributions, gifts, grants, and similar amounts received	· 1	2,500
?	2	Program service revenue including government fees and contracts	. 2	
?	3	Membership dues and assessments	. 3	8,182
?	4	Investment income . 024	. 4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assersationer than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	
	6	Gaming and fundraising events		
m	а	Gross income Gall Carlot Carlo		
Revenue		\$15,000)		
Ş	þ	Gross income from fundraising events (not including \$ 2,500 of contributions		
æ		from fundraising events reported on line 1) (attach Schedule G if the	Ì	
		<u> </u>	,832	
	C		,421	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ļ	
		line 6c)	· 6d	8,411
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		. 8	2,205
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	21,298
	10	Grants and similar amounts paid (list in Schedule O)	9 10 9 11	8,460
_	11	Benefits paid to or for members	2 11 11 11 11 11 11 11 11 11 11 11 11 11	
98	12	Salaries, other compensation, and employee benefits	<u>12</u>	7,670
Expenses	13	Professional fees and other payments to independent contractors 20GDEN. UT.	13	
χŽ	14	Occupancy, rent, utilities, and maintenance	14	1,253
ш	15	Printing, publications, postage, and shipping	. 15	272
	16	Other expenses (describe in Schedule O)	. 16	178
	17	Total expenses. Add lines 10 through 16	<u>▶ 17</u>	17,833
\$	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		3,465
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		
¥		end-of-year figure reported on prior year's return)	· 19	31,363
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	34,828
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 10642		Form 990-EZ (2016)



Pai	A 17	Balance Sheets (see the	inetructions t	for Dort II\				
	باللك							
		Check if the organization us	sed Schedule	O to respond to a	ny question in this		<u> </u>	<u> </u>
]_	(A) Beginning of year		(B) End of year
22		n, savings, and investments					22	
23		l and buildings			· · · <i>·</i> · · }		23	
24 Se		r assets (describe in Schedul	•				24	
25 26		I assets					25 26	
20 27		i nabilities (describe in Sched assets or fund balances (line	•	(P) must agree with	<u> </u>		27	24.0
		Statement of Program Se					21	34,82
		Check if the organization us						Expenses
/hat	is the	organization's primary exemp	t purpose?	provide musical pro	grams and activities			quired for section (c)(3) and 501(c)(4)
esc	ribe the	e organization's program ser	vice accompli	shments for each o	f its three largest p	rogram services.		anizations; optional fo
s m	easure	d by expenses. In a clear a	nd concise m	anner, describe the			othe	ers.)
	ons ben	nefited, and other relevant info	ormation for ea	ch program title.				
28								
								1
_			45.4.					
	(Grants	s \$)	If this amount	includes foreign gra	ints, check here .	▶ 📙	28a	48,29
29								}
								1
	(Grants		If this amount	includes foreign gra	nto chook horo		20-	.]
30	Granis						29a	'
•		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						1
					***********			}
	(Grants	s \$	If this amount	includes foreign gra	nts check here	▶ □	30a	,]
		program services (describe in			· · · · · · ·		000	`
	(Grants			includes foreign gra			31a	, [
	1	5 \	II CINO QUILOGIA					
	IUWIL	program service expenses (a	add lines 28a t	through 31a)	ints, check here .			
		program service expenses (add lines 28a 1	hrough 31a)		🕨	32	
		List of Officers, Directors, Tru	add lines 28a i i <mark>stees, and Ke</mark> y	hrough 31a)	n one even if not comp	▶ pensated—see the in	32 stru	ctions for Part IV)
			add lines 28a i i <mark>stees, and Ke</mark> y	through 31a) Employees (list each O to respond to a	n one even if not comp ny question in this (c) Reportable 2	pensated—see the in Part IV	32 istru	ctions for Part IV)
		List of Officers, Directors, Tru	add lines 28a i i <mark>stees, and Ke</mark> y	through 31a) r Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated — see the in Part IV	32 istru	ctions for Part IV)
		List of Officers, Directors, Tru Check if the organization us	add lines 28a i i <mark>stees, and Ke</mark> y	hrough 31a)	n one even if not comp ny question in this (c) Reportable 2	pensated – see the in Part IV	32 istru	ctions for Part IV)
'art	IV	List of Officers, Directors, Tru Check if the organization us	add lines 28a i i <mark>stees, and Ke</mark> y	hrough 31a)	n one even if not comp ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	32 istru	ctions for Part IV)
art an I	Nasters	List of Officers, Directors, Tru Check if the organization us (a) Name and title on, President	add lines 28a i i <mark>stees, and Ke</mark> y	through 31a) r Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable 2 compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 istru	ctions for Part IV)
an M	Masters	List of Officers, Directors, Tru Check if the organization us (a) Name and title	add lines 28a i i <mark>stees, and Ke</mark> y	hrough 31a)	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 istruc	ctions for Part IV
an M 35 E	Masters ast Swe	List of Officers, Directors, Tru Check if the organization us (a) Name and title con, President ensson, Lindsborg, KS 67456 a, Immediate Past President	add lines 28a i i <mark>stees, and Ke</mark> y	hrough 31a)	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 istruc	ctions for Part IV
an Mari	Masters ast Swo Buxton Kenawa	List of Officers, Directors, Tru Check if the organization us (a) Name and title con, President ensson, Lindsborg, KS 67456 n, Immediate Past President ee, Bel Aire, KS 67220	add lines 28a i i <mark>stees, and Ke</mark> y	through 31a)	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 Istruc	ctions for Part IV
an M 35 E ally 711	Masters ast Swe Buxton Kenawe	List of Officers, Directors, Tru Check if the organization us (a) Name and title con, President ensson, Lindsborg, KS 67456 a, Immediate Past President	add lines 28a i i <mark>stees, and Ke</mark> y	hrough 31a)	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 Istruc	ctions for Part IV
an Maria	Masters ast Swi Buxton Kenawe I Tausc W 131s	List of Officers, Directors, Tru Check if the organization us (a) Name and title con, President ensson, Lindsborg, KS 67456 n, Immediate Past President ee, Bel Aire, KS 67220 her, VP of Auditions tt St., Overland Park, KS 66209	add lines 28a i i <mark>stees, and Ke</mark> y	through 31a)	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 struction (e)	ctions for Part IV
an Mariant American A	Masters Last Swi Buxton Kenawe I Tausci W 131s iegelme	List of Officers, Directors, Tru Check if the organization us (a) Name and title con, President ensson, Lindsborg, KS 67456 a, Immediate Past President ee, Bel Aire, KS 67220 her, VP of Auditions at St., Overland Park, KS 66209 eier, Exec Secretary	add lines 28a i i <mark>stees, and Ke</mark> y	through 31a)	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struction (e)	ctions for Part IV
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an Mass Eally 1711 avice 504 at Z	Masters Last Swi Buxton Kenawe I Tausci W 131s iegelme	List of Officers, Directors, Tru Check if the organization us (a) Name and title con, President ensson, Lindsborg, KS 67456 a, Immediate Past President ee, Bel Aire, KS 67220 her, VP of Auditions at St., Overland Park, KS 66209 eier, Exec Secretary	add lines 28a i i <mark>stees, and Ke</mark> y	through 31a)	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struc 0 0	ctions for Part IV
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for fact vy choice with disguistration asset solidates of to proporte to any quotient with	- 411	Yes	No
33 `	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		~
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		7	
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		-	-
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		/
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	a ^s	,	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	- ,1	, , ,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	.,	····
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	, ;		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	<u>.</u>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c	—	~
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 99	90-EZ (2	016)						F	age 4	
46		he organization engage, directly or in						Yes		?
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	stions 47-49b and	d 52, and o	complete th			<u></u>	
		Check if the organization used Sci	ledule O to respond	i to any question in	uis i ait v	<u>' · · · · · · · · · · · · · · · · · · ·</u>	· · · ·	Yes	No	
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) elect					~	E
48		organization a school as described in		i)? If "Yes," complete	Schedule	E	. 48		~	E
49a	Did t	he organization make any transfers to	o an exempt non-cha	ritable related organ	nization?.		. 49a		~	
b		es," was the related organization a se								
50		plete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, enter "	None.'	<u>'</u>	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO	contributio benefit plar	Ith benefits, ns to employee ns, and deferred bensation	(e) Estimat other co			
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51	\$100	plete this table for the organization, 000 of compensation from the organization and business address of each independent	inization. If there is no	one, enter "None." (b) Type of se		7) Compensa			
				1						
										
				1		İ				
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A		ection 501(c)(3) org		must attacl	ha .►☑Ye			
Under p	enalties	of penury, I declare that I have examined this i	return, including accompan	ying schedules and state	ments, and to t	he best of my ki				
true, co	rrect, ar	nd complete Declaration of preparer (other than	orticer) is based on all info	ormation of which prepare	r has any knov	viedge.			·	
Sign Here	?	Signature of office	neier, p	xel, Se		Pate -	28-	/7_ 		
Paid Prep	arer	Print/Type preparer's name	Preparer's signature	1	Date	Check Self-emplo				
Use		Firm's name ▶		Firm's EIN ▶						
		Firm's address ▶			F	hone no.				
May th	ne IRS	discuss this return with the prepare	shown above? See	instructions			► ☐ Ye	s 🔲	No	

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Kansas Music Teachers Association 48-0895120 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 3315% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (II) EIN (III) Type of organization (v) Amount of monetary (i) Name of supported organization (iv) is the organization (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Pari							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	ion A. Public Support	quality unde	er trie tests iis	ited below, pi	ease comple	te Part III.)	
	ndar year (or fiscal year beginning in)	(a) 201 2	(b) 201 2	(c) 201 \$	(d) 201 5	(e) 201 %	(f) Total
1	Gifts, grants, contributions, and	(a) 2012	(13) 20 120	(6) 2019	(u) 2019	(0) 2012	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	11,657	11,217	10,704	11,012	10,682	55,272
2	Tax revenues levied for the	. 1,7007	71,217	10,704	11,012	10,002	33,272
_	organization's benefit and either paid		i			[
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					ŀ	
4	Total. Add lines 1 through 3	11,657	11,217	10,704	11,012	10,682	55,272
5	The portion of total contributions by						
-	each person (other than a	,	5		,		
	governmental unit or publicly			•			
	supported organization) included on					,	
	line 1 that exceeds 2% of the amount	Ů	, *				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						·····
	ion B. Total Support	(n) 001 0	(L) 004 (2)	(-) 004#	(-D 0045	(-) 004#	10 T. 1.1
Caler 7	ndar year (or fiscal year beginning in)	(a) 201.32 11,657	(b) 201 3 11,217	(c) 201 \$	(d) 201 5 11,012	(e) 201 / 5 10,682	(f) Total 55,272
-		11,037	11,217	10,704	11,012	10,062	55,212
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from					j	
	similar sources	o	30	اه	0	64	94
9	Net income from unrelated business		- 50				
•	activities, whether or not the business						
	is regularly carried on			f			
10	Other income. Do not include gain or						
	loss from the sale of capital assets				!		
	(Explain in Part VI.)			·]		•	
11	Total support. Add lines 7 through 10						55,366
12	Gross receipts from related activities, etc.	•	,			12	
13	First five years. If the Form 990 is for the		i's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he				<u></u>		· · > 🖸
	on C. Computation of Public Suppor			 			
14	Public support percentage for 2017 (line 6					14	100 %
15	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi					15	100 %
16a	box and stop here. The organization qual						
b	331/3% support test—2016. If the organization						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20		·	_			_
	10% or more, and if the organization me	~			•		
	Part VI how the organization meets the "						
	organization			_			• •
b	10%-facts-and-circumstances test – 20	016. If the ora:	anization did n	ot check a box	x on line 13. 1	6a. 16b. or 17a	
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "fact	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see

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 faile to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)	Schedu	le A (Form 990 or 990-EZ) 2017						Page 3
Section A Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2016 (c) 2017 (f) Total Office, prants, contributions, and membership less received. (Do not include any "unusual grants.") Ginosa receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is rated to the organization's bia-resempt purpose. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is rated to the organization's bia-resempt purpose. Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levide for the organization's bia-remarks 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 2 and 3 received from disqualified persons are received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 31 for the year of Add lines 7 and 7 b. Public support. (Subtract line 7 of from less section 51 tiaxes) forth amount on line 31 for the year of Add lines 7 and 7 b. Public support (Subtract line 7 of from businesses accounted after June 30, 1975 . Add lines 10a and 10b . In Net Income from unrelated businesse accivited on unrelated businesses accivited after June 30, 1975 . Add lines 10a and 10b . In Net Income from unrelated businesses accivites in Fart five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) organization, check this box and stop here or not the business in regularly carried on 10 construction of Public Support Percentage Section D. Computation of Public Support Percentage Full support percentage from 2016 Schedule A, Part III, line 15 . In Investment income percentage from 2016 Schedule A, Part III, line 15 . In Investment income percentage from 2016 Schedule A, Par	Part	Support Schedule for Organiza	tions Descri	ibed in Secti	on 509(a)(2)			
Section A. Public Support Callendar year (or fiscal year beginning in) (a) 20185 (b) 2014 (c) 2018 (d) 2018 (e) 2017 (f) Total of this grants, contributions, and memberably nees received. Do not include any musual grants.) Cores receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization is tax-evering tupose. Gross receipts from activities that are not an unnellated trade or business under section 513 4 Tax revenues levied for the organization without charge. 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 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 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 of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 10 for the year of \$6,000 or 1% of the amount on line 10 for the year of \$6,000 or 1% of \$		(Complete only if you checked the	ne box on line	10 of Part I	or if the orgar	nization failed	to qualify un	nder Part II.
Calendar year (or fiscal year beginning in) ► (a) 201857 (b) 2014 (c) 20187 (d) 20187 (d) 20187 (f) Total of this continuity of the property of the continuity of the property of the continuity of the continuity of the property of the continuity o		If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
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2 Gross receipts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's exercise 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. 7 Anounts included on lines 2, 2 and 3 received from disqualified persons. b Announts included on lines 2 and 3 received from disqualified persons. b Announts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7 and 7 b. 8 Public support. (Subtract line 7 o from line 6.). 9 Section B. Total Support 10a Gross ancome from intenst, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxas) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explan 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(p)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Section D. Computation of Investment Income Percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17	1							
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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 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 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . 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 2017 (line 8, column (f) divided by line 13, column (f))	6						· · · · · · · · · · · · · · · · · · ·	
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	19a							

b 33¹⅓% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹⅓%, and line 18 is not more than 33¹⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

20176

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

arne of the organization			Employer identification number
ansas Music Teachers Association	··. · · · ·		48-0895120
. Capitol Federal Awards Grant	2,500	1n-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
. Schedule of special events & activitles			
a. Income·			
Fall auditions	26,152		

Conference & sponsor support	4,121		
Music Progressions fees	7,440	***************************************	
b. Expenses	*************		
Fall auditions	21,023		**********************
Conference expenses	2,966		
Music Progressions expenses	6,522	***************************************	
KMEA booth & other expenses	560		
Table at MTNA	350		
8. Interest	64		
Other handburk Handbook & other publication support	2,119		
10 Grants and similar amounts paid			
Grants to local associations	3,000		
Grants to audition winners	4,260		
Grant to MTNA Scholarship Foundation	200		
President's grant for MTNA Conference	1,000		
14. Website maintenance	1,253		***************************************
16 Other		***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Fall board meeting lunch	73		
Curing board mosting lunch	65		
Spring board meeting lunch			