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Form **991**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 2016, and ending Jun 30 Jul 1 D Employer identification number В Check if applicable C Name of organization Virginia Music Educators Association, Inc. $\overline{\mathbf{V}}$ Address change 54-6046642 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return (703) 217-8768 607 Malcolm Place City or town state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts S Amended return Alexandria, VA 22302 H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer H(b) Are all subordinates included? Tyes No. 501(c)(3) If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www VMEA com H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation: 1944 M State of legal domicile Summarv Briefly describe the organization's mission or most significant activities To provide leadership and professional development Activities & Governance to ensure quality music education Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 27 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 3 6 Total number of volunteers (estimate if necessary) . . . 6 105 Total unrelated business revenue from Part VIII; column:(C), line 7a 7a 15,450 Net unrelated business taxable income from Form 990 Ta line 34 D 5.289 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 0 Revenue Program service revenue (Part VIII, line 2g) 668,776 643,790 Investment income (Part VIII, column (A), lines 3, 4-and-7d) 10 317 121 Other revenue (Part VIII, column (A), lines 5, 6d-86 11 18,100 15,450 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 687,193 659.361 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 17.000 17.500 14 Benefits paid to or for members (Part IX, column (A), line 4) C 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,702 39,556 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 3.11.00 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 614,090 606 337 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 677,792 663,393 19 Revenue less expenses Subtract line 18 from line 12 9.401 (4032)End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 636,425 639,399 21 Total liabilities (Part X, line 26) . 4,161 5,219 22 Net assets or fund balances. Subtract line 21 from line 20 635 238 631,206 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Paid Check ✓ ıf P02075863 self-employed Eric Goldwater, CPA Preparer Firm's name Firm's EIN ▶ **Use Only** 703-851-0836 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)



Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1 (Briefly describe the organization's mission The mission of VMEA is to provide leadership and professional development to ensure quality music education. VME		
	mutual helpfulness to its membership and promotes the advancement of music education through schools and other educational institutions		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes	 ☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		C3
	If "Yes," describe these changes on Schedule O.	☐ Yes	<u>√</u> No
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 596,408 including grants of \$ 17,500) (Revenue \$	643,79	90)
	A number of music festivals, clinics, and conferences were held along with publications of educational materials ben participating faculty and their students		
4b	(Code:) (Expenses \$		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$		

Part I	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
	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		V
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	y	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	1	}, };	jì,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part I	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	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		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2-10	\$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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ļ	1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	L	1
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			1
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	 	
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	, x ·	ļ	K
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,
	Schedule L, Part IV	28b	 	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	 	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	+	+
OL.	complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	1
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	1
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		
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33	1	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		
	Part VI	37	 	/
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	1	

Part_				,
	Check if Schedule O contains a response or note to any line in this Part V	•	· · ·	
46	Extension complex reported in Day 2 of Eq. (1999 E.), 1999 E.), 1999 E.	3 . 2 . 4	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	`	, .	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Š	
C	reportable gaming (gambling) winnings to prize winners?	1c	`	*
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	- ,	<u>,</u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		\	· //*
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	* &
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 8	N. 1.	· 19
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
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)?	4a		/
b	If "Yes," enter the name of the foreign country. ▶		. *	1178
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ř	, , ,	
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
-	gifts were not tax deductible?	6b	338	32.3
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		100	1
-	and services provided to the payor?	∜		/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		į.,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
•	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		` ~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter		f	`
а	Initiation fees and capital contributions included on Part VIII, line 12	-	,	5 🖔
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b])
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	1		-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	├	-
b		┨		Ì
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	†	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	m 99 0	(2016

Form 99				age b
Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
Conti	Check if Schedule O contains a response or note to any line in this Part VI	• •	· ·	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 27	7 1		-
ıa	If there are material differences in voting rights among members of the governing body, or	```	i	
	if the governing body delegated broad authority to an executive committee or similar	,2		
	committee, explain in Schedule O.		4	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26		· .	, , ,
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	la for	* ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		1
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		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,	
а	The governing body?	8a	✓	
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 organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode ,)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	» »	1,2 %	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		ļ
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		
13	Did the organization have a written whistleblower policy?	13		/
14	Did the organization have a written document retention and destruction policy?	14		√
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	ļ	\
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	_		
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	h = 7		
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
:5	Scotton 3734 requires an organization to make its Forms 1920 (or 1924 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	11 501	(C)(3)	s only,
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation.	oract	nolio	v and
13	financial statements available to the public during the tax year	53 l	PUNC	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	•	
	Doug Martin, 607 Malcolm Place, Alexandria, VA 22302 (703) 217-8768			

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	box, office	ot ch unles er and	s pe lad	more rson irecto		an ee)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation trom the
	organizations below dotted line)		itutional trustee	yr .	employee	lest compensated loyee	er	(W-2/1099-MISC)		organization and related organizations
(1) Terry Hall	1 00									
Vice President		1		1				0	0	0
(2) John Brewlington	1 00									
President] 🗸		1				0	0	0
(3) Allen Hall	1 00									
President-Elect		✓		1				0	0	0
(4) Laura Cole	1 00									
Secretary		✓		1				0	0	0
(5) Vincent Tornello	15 00									
Former Treasurer] ✓		1				3,425	0	0
(6) Doug Martin	15 00									
Treasurer		✓		1				3,896	0	0
(7) Mike Horanski	1 00									
Member		✓			L			0	0	0
(8) Steve Rice	1 00]								
Member		\						0	0	0
(9) Marie Weber	1 00					l		1		
Member		1					<u> </u>	0	0	C
(10) AnnaMarie Bollino	1 00]					İ			
Member		1					L	c	0	C
(11) David Zerull	1 00			1			1			
Member		✓	_	<u>L</u>		<u> </u>	_	C	0	(
(12) Mıranda Beard	1 00	.]								
Member		1			_		<u> </u>	c	0	(
(13) Janet Stanley	1 00	.]								
Member		1		<u></u>	\perp		<u></u>		0	
(14) Jenniffer Harrison	1 00						1			
Member		✓	1]			0	

•	·	
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

Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office irect	unles	Pos eck s pe	rson rect	than of is both or/trust the lest compensated	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) (26) Matt Yonhey Member	1.00	1						0	0	0
(2) (27) Ryan Addair	1 00									
Member	<u> </u>	1	1				<u> </u>	0	0	0
(3) (28) Paul Shoremount Member	1 00							1		0
(4)		1	-	-	├		-	C	0	<u> </u>
	†	1								
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)	<u> </u>									
(12)	 									
(13)							 -			
(14)										

•	(A) Name and title	(B) Average hours per week (list any	box, to	ot che unless	s per	tion more rson irecti	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other	
		hours for related organizations below dotted line)	. ~ =	nstitutional trustee	Officer	(ey employee	lighest compensated imployee	ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation om the anization I related nizations	
	nberly Rose	1 00	,										
Membe		1 00	1	-		-		-	0	0	 		0
Membe	ve Cowell	11 00	1						0	o			0
	niel Upton	1 00							<u> </u>	<u> </u>			
Membe		1	1						0	o			0
	vid Miller	1 00											
Membe			1					<u> </u>	0	0	<u> </u>	_	0
(19) Bru	ice Miller	1 00											
Membe			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_				ļ	0	0	<u> </u>		0
(20) Go	rdon Parr	1 00	,						_				_
Membe			-	\vdash	<u> </u>			-	0	0	' 		0
	san Dommer	1 00	1						0	0			0
Member (22) Sv	eve Jacoby	1 00	Ť	+				\vdash	 				
Membe		†! <u>-</u> 99	1							· C	1		0
	c Hoang	1 00		1					1				
Membe		1	1						0				
	aire Rowan	1 00											-
Membe	****		✓				<u> </u>	_	0)C			C
(25) To	m Dixon	1 00				1							
Membe					<u> </u>			<u> </u>	<u> </u>				
1b	Sub-total		_						7.321	1			
C	Total from continuation sheets to Part	t VII, Section	on A	٠		•			7 224		<u> </u>		(
d	Total (add lines 1b and 1c) .	· ·	d •a •		- Lo	<u>+0d</u>	ahay	2) 11	7,321				
2	Total number of individuals (including bureportable compensation from the organ		ם נס נו	nose	e iis	iea	abov	e) v	viio received ii	iore man \$100,0	00 01		
		.,									F	Yes	No
3	Did the organization list any former of							em	ployee, or hig	hest compensat		-	
	employee on line 1a? If "Yes," complete								-		3		V
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	eporta	able	cor	npe	nsatio	on a	and other com	pensation from t	tne Inh		
	individual .	greater ti	iaii ֆ	130	יטט,	0 !	, , ,	:5,	complete Sc	riedule 5 loi su	4		1
5	Did any person listed on line 1a receive	or accrue o	:ompe	ensa	tior	n fro	m an	v III	nrelated organi	zation or individ	h		 ` -
3	for services rendered to the organization										5		1
Section	on B. Independent Contractors							-				L	
1	Complete this table for your five highest compensation from the organization. Re year												ax
	(A) Name and business ad	idress							(B) Description of	services		c) nsation	
None								<u> </u>					
								1					
								4-					
	Table of a language and a second	hava (malecal	luna t-		204	li	ا امدا	1	ا لاحداد محمط	agual wha			
2	Total number of independent contract received more than \$100,000 of compen		_					.U [nose listed at 0	Jove) Wno			

Form **990** (2016)

Part	VIII	Statement of Revenue					. ago c
		Check if Schedule O contains a re	sponse or note t	o any line in this	s Part VIII		🗀
,	x			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns	1	The state of the s			
	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: S Total. Add lines 1a-1f		V			
Program Service Revenue	2a b c d	Festivals & Conferences	611710	568,352	568,352	, ,	
годгап	e f	All other program service revenue	611710	75,438			
<u> </u>	3 4	Total. Add lines 2a–2f Investment income (including div and other similar amounts) Income from investment of tax-exempt		643,790		100 P 2	12:
	5 6a b c	Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
Other Revenue	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a >	2			
ð	С	Less direct expenses . Net income or (loss) from fundraisin Gross income from gaming activities See Part IV, line 19	g events . >			**************************************	
	b c 10a	Less. direct expenses Net income or (loss) from gaming ac Gross sales of inventory, less returns and allowances				-	
	b 	Less: cost of goods sold Net income or (loss) from sales of in Miscellaneous Revenue	b ventory Business Code	-			
	11a b c	Advertising	541800	15,450		15,450	-
	d e 12	All other revenue Total. Add lines 11a–11d Total revenue. See instructions	>	15.450 659,361		15,450	12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)	c)(4) organizations must c	omplete all columns	All other organizations must	complete column (A).

	Check if Schedule O contains a respons	(A)		(C)	(D)
, 9Ь,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5.000	5,000		
	Grants and other assistance to domestic individuals. See Part IV, line 22	12,500	12,500		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	7,321		7,321	<u> </u>
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Other salaries and wages	32,325		32.325	
10	Other employee benefits	5,171		5,171	
a b	Management	375 3,110		375 3,110	
d	Lobbying		* *		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) .	1,345	1,345	A STATE OF THE STA	
12 13	Advertising and promotion	9 341	8,407	934	
14 15	Information technology	8,740	7,866	874	
16 17	Occupancy	16,484 153,960	16,484 153,960	ggeneraliti	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		18. 40-2	4-14-4	
19 20	Conferences, conventions, and meetings Interest	145,493	145.493		
21 22 23	Payments to affiliates	1 200		1.366	
23 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)	1.366	`	, , ,	1 ::
а	Unrelated Business Income Tax	1 160	162.041	1,160	
c b	Honoraria Executive Board	162,041 28,698	162,041 14,349	14,349	
d	Online Publishing	14,154	14.154		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	54 809 663,393	54.809 596,408	66 985	
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)	003,393	330,400	33 363	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1	1	1
	2	Savings and temporary cash investments	639,398	2	636,424
	3	Pledges and grants receivable, net		3	
ts	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		, `* [']	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
ı	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		* {	,
		other basis Complete Part VI of Schedule D 10a 76,386			
	b	Less: accumulated depreciation 10b 76,386		10c	0
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	639,399	16	636,425
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	4,161	25	5,219
	26	Total liabilities. Add lines 17 through 25	4 161	26	5,219
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	. *		
ä	27	Unrestricted net assets	635,238	27	631,206
Bal	28	Temporarily restricted net assets		28	-
פַ	29	Permanently restricted net assets		29	
ξ]	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	· · · · · · · · · · · · · · · · · · ·]	
٥	}	complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
5 Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	635,238	33	631,206
	34_	Total liabilities and net assets/fund balances	639,399	34	636,425

Pag	ρ	1	2
rau	•		

31111 33	(2010)			rage 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u> </u>	<u>.</u> 🗆
1、	Total revenue (must equal Part VIII, column (A), line 12)	1		659 361
2	Total expenses (must equal Part IX, column (A), line 25)	2		663,393
3	Revenue less expenses. Subtract line 2 from line 1	3		(4,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		635,238
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
_	33, column (B))	10		631.206
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	•		
			Ye	s No
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ı	in	**
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes" check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both	oiled c	or 2a	V
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	ed on	a 2b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, experience of the control of the organization changed either its oversight process or selection process during the tax year, experience of the control of the c	intant?	ht ? 2c	* ,
3a	Schedule O As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth i	ın ['.*]	
	· ·		3a	
b	If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		ne 3b	
			Form 9	90 (2016

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

20**16**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Vame	of the	organization					Employer identification	number
		usic Educators Association, Inc					54-604	
Par	_	Reason for Public Chari						ns
		nization is not a private foundat				-		
		A church, convention of church						
2 3		A school described in section						
4		A hospital or a cooperative hos A medical research organizatioi	•					iii) Enter the
•		nospital's name, city, and state	•	njanotion with a noop	itai acsoi	ibca iii o		,. 2.110. 110
5	[]	An organization operated for the section 170(b)(1)(A)(iv). (Comp	ne benefit of a	college or university of	owned or	operate	d by a governmenta	al unit described in
6		A federal, state, or local govern	ment or governr	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7		An organization that normally ridescribed in section 170(b)(1)(oort from	a govern	nmental unit or from	the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)			
9	(An agricultural research organizor university or a non-land-graruniversity						
10	!	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and unr	nctions—subject to ce elated business taxat	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	n 331/3% of its
11		An organization organized and		•	•		* *	
12		An organization organized and	•	•				
		of one or more publicly suppo	-					
	_	Check the box in lines 12a throi	•	• • • • • • • • • • • • • • • • • • • •		_	•	-
а	Ļ	Type I. A supporting organi the supported organization supporting organization. You	s) the power to	regularly appoint or e	lect a ma	jority of t		
b	(Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having
		control or management of to organization(s) You must o				persons	that control or mana	age the supported
c	[Type III functionally integral its supported organization(s						ally integrated with,
C	· [Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
e	. (Check this box if the organ functionally integrated, or T 						e II, Type III
f		nter the number of supported o	J					
	P	rovide the following information	about the supp	orted organization(s)				
	/i) N	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								7,000
(C)								
(D)								***************************************
(E)								•
					t		 	

instructions

Part	Support Schedule for Organiza (Complete only if you checked th	ntions Descr	ibed in Secti	ons 170(b)(1 Part I or if the)(A)(iv) and 1 e organization	70(b)(1)(A)(vi n failed to qua) alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support	2					
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		-				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				ļ.,		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	, <u>y</u>	1,111	150	1.633		
	on B. Total Support	,					
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	* **	\$,\$ × ,**		43	. j.j.	<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for to organization, check this box and stop he	ere		nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3) . ► □
	ion C. Computation of Public Support Public support percentage for 2016 (line			11 column (fi)		14	%
14 15 16a	Public support percentage from 2015 Sc 331/3% support test—2016. If the organ	chedule A, Par nization did no	t II, line 14 ot check the bo	x on line 13, a	and line 14 is 3	15	%, check this
	box and stop here. The organization qua						🟲 🛚
	331/3% support test—2015. If the organ this box and stop here. The organization	n qualifies as a	a publicly supp	orted organiza	ition		> 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	neets the "fact "facts-and-cir	ts-and-circums rcumstances" t 	tances" test, ortances. The organ	check this box nization qualifie	and stop here es as a publicly	e. Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization .	ation meets t	the "facts-and-	-circumstance	s" test, check	this box and	stop here.
18	Private foundation. If the organization of	did not check	a box on line 1:	3, 16a, 16b, 17	7a, or 17b, che	ck this box and	d see

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.)

Conti	A Dublic Current						
	on A. Public Support				48.05.15	() 0515	(A) T-
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ	1	
2	received (Do not include any "unusual grants")	80,552	80,117	81,736	80,733	75,438	398,576
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1)	}	ļ	•
	furnished in any activity that is related to the			ļ		Ì	
	organization's tax-exempt purpose	496,410	555,170	585,110	588,043	568,352	2,793,085
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					<u> </u>	
4	Tax revenues levied for the						
-	organization's benefit and either paid]			ļ	1	
	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	576,962	635,287	666,846	668,776	643,790	3,191,661
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					İ	0
ь	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			j			0
	·						0
_	Add lines 7a and 7b .	£ ,-	3,8 4 " ,	** , ,		381 238	0
8	Public support. (Subtract line 7c from	J. 18 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
	line 6).	4 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		<u> 38 . Si</u>	3 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,191,661
	on B. Total Support	r 				— :	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 .	576,962	635,287	666,846	668,776	643,790	3,191,661
10a	Gross income from interest, dividends,	1	1				
	aross meone nom merest, dividends,				ı	· ·	
	payments received on securities loans, rents,						
100	· · · · · · · · · · · · · · · · · · ·	317	193	355	317	121	1,303
-	payments received on securities loans, rents,	317	193	355	317	121	1,303
-	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	317	193	355	317	121	1,303
-	payments received on securities loans, rents, royalties and income from similar sources	317		355	317	121	1,303
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		,				
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.	317	,	355 355	317	121	1,303
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business		,				
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether		193	355	317	121	1,303
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		,				
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or		193	355	317	121	1,303
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets		193	355	317	121	1,303
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).		193	355	317	121	1,303
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets		193	355	317	121	1,303
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).		2,163	355	317	121	1,303
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11,	317 577,279	, 193 2,163 637,643	355 6,001 673,202	317 8,554 677,647	6.289 650,200	1,303 23,007 3,215,971
b c 11 12	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12)	577,279 he organization	, 193 2,163 637,643	355 6,001 673,202	317 8,554 677,647 or fifth tax ye	6.289 650,200	1,303 23,007 3,215,971
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Ves No

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

- Are all of the organization's supported organizations listed by name in the organization's governil documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of stati under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supports 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," answ (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) as satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(purposes
- 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 E numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ 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 whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 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 integrate supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			age C
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	\$	1, 1, 19	* *
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	më.	4
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			r-
1	Did the directors trivators as as a second surface of a		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	×	6	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1 *	i '	,
	controlled the organization's activities If the organization had more than one supported organization,	,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ş
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1	* *	
2	Did the organization operate for the benefit of any supported organization other than the supported	. ,	3, 8 10	ŝ;
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1.5 y	, .	,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	31		_
<u> </u>	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on C. Type II Supporting Organizations		T	
1	Ware a majority of the exception of the	82°	Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		, , ,	à . ?
	or management of the supporting organization was vested in the same persons that controlled or managed	4 4		\$ ' # · * i
	the supported organization(s)	1	18 % t	a
Secti	on D. All Type III Supporting Organizations	_ <u>-</u> _		1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			, .
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	: 4/8	1,7	, , 2
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		£.21.65.	1À:
2		1		,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	4/33	3 , 3,	;)
	significant voice in the organization's investment policies and in directing the use of the organization's	1 3,,	,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	ř
	supported organizations played in this regard	3	**. **	· ^ `
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(see ın	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.03	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	•	_	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	_2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	ļ	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
j.	trustees of each of the supported organizations? Provide details in Part VI .	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	-	-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ 			
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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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)	Å,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 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		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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	11. 11.	
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	4 44 44	
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	g organization (see

Felt		3) Supporting Organ	izations (continued)	
1 Section 1	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
3	organizations, in excess of income from activity			
4	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	poses of supported orga	inizations	
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	th the organization is ro	Sponewo	
•	(provide details in Part VI) See instructions	in the organization is re-	sponsive	
9	Distributable amount for 2016 from Section C, line 6		·	
10	Line 8 amount divided by Line 9 amount			
S	ection 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	fe \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions			
_3	Excess distributions carryover, if any, to 2016	' : À e 🔻 .	The transfer of the contract o	, 18/2 / 18/ Kill 19 4
a		524 - Y. Kîk	Y	; , ,
<u>b</u>		12,70		·
c	From 2013 .	71 4 77.	, distri	1.5 1 Mar 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>d</u>	From 2014	* 72.3	* \$5.5	1 146 : : : : : : : : : : : : : : : : : : :
<u>e</u>	From 2015 .	* \$\$\$\$.	**************************************	2 42 . 42
f	Total of lines 3a through e		(a. N. (b)	,
<u>g</u>	Applied to underdistributions of prior years		3 3 3 3 2 3 2 3 3 3	* '* ' * ' * ' '
	Applied to 2016 distributable amount			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u>i</u> _	Carryover from 2011 not applied (see instructions)	* , , ,	(4)(8)(1)	
<u>J</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from	X	` · (% ! !) · · · · · · · · · · · · · · · · ·	
•	Section D, line 7 \$, , , , , , , , , , , , , , , , , , , ,
а	Applied to underdistributions of prior years	34	·	
b	Applied to 2016 distributable amount	* * * * * * * * * * * * * * * * * * * *		\$ °,27 2
С	Remainder Subtract lines 4a and 4b from 4	*	* 3	* %
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 _j and 4c.		****	
8	Breakdown of line 7		· · · · · · · · · · · · · · · · · · ·	
а				, , , , , , , , , , , , , , , , , , , ,
b	Excess from 2013 .			``
<u>C</u>	Excess from 2014 .			
<u>d</u>	Excess from 2015		,	
<u>e</u>	Excess from 2016			

Part VI	Form 990 or 990-EZ) 2016 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
•	III, line 12; 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, Section C, line 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 1e; Part V, 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.)
••••••	

	······································

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ee separate instructions), tr				
	ection 501(c)(4), (5), or (6) orga of organization	inizations Complete Part III		Employer ider	ntification number
	a Music Educators Association	n. Inc			54-6046642
		e organization is exempt unde	er section 501(c	or is a section 527	
1		the organization's direct and inc			
2		y expenditures (see instructions) .		▶ 9	
3	· -	cal campaign activities (see instruc		· · · · · · · · · · · · · · · · · · ·	
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			
2	•	excise tax incurred by organization			}
3		ed a section 4955 tax, did it file For	•		Yes No
4a	_		•		Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt unde	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz	ation for section	527 exempt function ▶ \$,
2		filing organization's funds contributies			;
3	Total exempt function of line 17b	expenditures. Add lines 1 and 2		on Form 1120-POL, ▶ \$	
4 5	Enter the names, address organization made paymethe amount of political co	n file Form 1120-POL for this year? ses and employer identification nur ents. For each organization listed, ontributions received that were projected or a political action committee.	mber (EIN) of all se enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	e C (FOITH 990 0/ 990-EZ) 2010				======	1 aye 2
Part	section 501(h)).	•				
A Ch	neck ► ☐ If the filing organization be name, address, EIN, exp					oup member's
B Ch	neck 🕨 🗌 if the filing organization c	hecked box A	and "limited cor	ntrol" provisions a	pply.	
	Limits on Lot	bying Expend	itures		(a) Filing	(b) Affiliated
	(The term "expenditures" i	means amount	s paid or incurred	l.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinio	n (grass roots lobb	ying) .		
b	Total lobbying expenditures to influence	e a legislative b	ody (direct lobbyii	ng)		
С	Total lobbying expenditures (add lines	_				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (a					<u> </u>
f	Lobbying nontaxable amount. Enter columns.		•	ng table in both		
[If the amount on line 1e, column (a) or (b)	is: The lobbyin	g nontaxable amou	nt is:	* * * * * * * * * * * * * * * * * * * *	
	Not over \$500,000	20% of the	amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 pli	us 15% of the excess	s over \$500,000		
ĺ	Over \$1,000,000 but not over \$1,500,000	\$175,000 pl	us 10% of the excess	s over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pl	us 5% of the excess	over \$1,500,000.		, , , , , , , , , , , , , , , , , , , ,
[Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter	25% of line 1f)				
h	Subtract line 1g from line 1a. If zero or	less, enter -0-				
ì	Subtract line 1f from line 1c. If zero or	less, enter -0-				
j	If there is an amount other than zer	ro on either lin	e 1h or line 1i, d	id the organization	file Form 4720	
	reporting section 4911 tax for this year	ar?				Yes No
	(Some organizations that made a s	section 501(h) e he separate ins	structions for line	ve to complete all s 2a through 2f.)	of the five colum	ns below.
	Lobbyi	ng Expenditure	es During 4-Year A	Averaging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			* 5 N v 3	, > ,	
f	Grassroots lobbying expenditures					
					Schedule C (For	m 990 or 990-EZ) 201

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Forn	า 5768
	ach res, response on lines la through it below, provide in Part IV a detailed ——	(a)	(b)
descr	iption of the lobbying activity.	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
a b	Volunteers?	V	
С	Media advertisements?	1	
d	Mailings to members, legislators, or the public?	1	
е	Publications, or published or broadcast statements?	✓	
f	Grants to other organizations for lobbying purposes?	✓	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		450
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1	
i	Other activities?	1	
j	Total. Add lines 1c through 1i	, a , inc	450
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	\ \) ,~,
b	If "Yes," enter the amount of any tax incurred under section 4912		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		#
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ection
			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior	r year?	3
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (banswered "Yes." Dues, assessments and similar amounts from members		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	, , , , ,	
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		Av. 9
5	Tavable and at at labels as and a Peter I	4	
		5	<u> </u>
	Supplemental Information de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group line instructions), and Part II-B, line 1. Also, complete this part for any additional information	st), Pa	art II-A, lines 1 and

Schedule C (Forn	n 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
	- C-FFF - MICHAEL MICHAEL (CONTINUOUS)	
.		

	•••••••••••••••••••••••••••••••••••••••	
		•
		×=

SCHEDULE D (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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

lame o	the organization		Employer identification number
Virginia	Music Educators Association, Inc		54-6046642
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ids or Accounts.
	Complete if the organization answered		
		(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		
_	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	for any other purpose
Down		<u> </u>	· · · · · · · <u>U</u> Yes <u>U</u> No
Par	Conservation Easements. Complete if the organization answered	"Voo" on Form 000 Dort IV line 7	
1	Purpose(s) of conservation easements held by the		•
•	Preservation of land for public use (e.g., recrea	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	f a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Preservation o	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	ela a qualifica conservation contributi	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
c	Number of conservation easements on a certified l		20
d	Number of conservation easements included in		
-	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, tran-		
	tax year ►	_	-
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	_	nancial statements that describes the
	organization's accounting for conservation easem		0110
Par			
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
_	•		
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts related	r assets held for public exhibition, exting to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Revenue included on Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X		. ▶ \$
2	If the organization received or held works of art following amounts required to be reported under S	t, historical treasures, or other simila	ir assets for financial gain, provide the
а	-	·	
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$

Fan	Urganizations Maintaining	Collections of A	Art, Hist	orical 1	reasures,	or Ot	her Similar As	ssets (co.	าtinued) -
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her recor	ds, chec	k any of the	e follov	ring that are a	significant	use of its
а	☐ Public exhibition		d l	Loan	or exchange	e progi	rams		
b	☐ Scholarly research				-				
C	☐ Preservation for future generation								
4	Provide a description of the organiza XIII	tion's collections a	and expla	in how t	hey further t	the org	anization's exe	mpt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta						ar 🗌 Ye	s 🗌 No
Part		_							
	Complete if the organization 990, Part X, line 21.						•		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?			-	or contributi		other assets n		s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able.		T #	Amount	
С	Beginning balance					10	+		
d	Additions during the year					1d			
е	Distributions during the year					1e	 		
f	Ending balance					1f			
2a	Did the organization include an amou							v2 🗀 Ye	s 🗌 No
	If "Yes." explain the arrangement in P							,. 🗀 ,	
	tV Endowment Funds.	<u> </u>	<u> </u>	ystariatio		provide	74 01.1 41.7(11)	• •	
	Complete if the organization	answered "Yes	" on For	m 990 T	Part IV line	10			
		(a) Current year	(b) Prid		(c) Two years		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
b	Contributions			-	<u> </u>				
C	Net investment earnings, gains, and								
	losses					Ì			
d	Grants or scholarships		 -						•
e	Other expenditures for facilities and							· ,	
•	programs	<u> </u>							
f	Administrative expenses								
g	End of year balance				-				
2	Provide the estimated percentage of	the current year or	d bolone	o (kao 1a	00/11000 (0)	\ bold (
a	Board designated or quasi-endowme	nte current year en	ozalaric	e (iine 1g	j, column (a)	neia a	1 S:		
b	Permanent endowment	%	%						
C									
C	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and		000/						
3a	Are there endowment funds not in the			ration th	at are bold a		minustared for t	ha	
Ų.	organization by	e possession or tr	ie organii	Lauon un	at ale neid a	and ad	ministered for t	_	Vaa Na
	(i) unrelated organizations .								Yes No
	1.1.		•	•		•	• •	3a(i)	
.	(ii) related organizations		• •					3a(ii)	
ь 4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended use							3b	
			on s endo	winenti	unas.				
Par	,		,, <u>, , , , , , , , , , , , , , , , , ,</u>	000 (-		o = 000		4.0
-	Complete if the organization								
	Description of property	(a) Cost or ot (investm			or other basis other)	. ,	Accumulated epreciation	(d) Bool	: value
1a	Land					·····		· · · · · · · · · · · · · · · · · · ·	
b	Buildings								
C	Leasehold improvements								
d	Equipment							-	
e	Other				76,386		76,386		0
Total	Add lines 1a through 1e. (Column (d) i	must equal Form 9:	90, Part)	(, columi	n (B), line 10	c)	. •		0

Part VII	Investments — Other Securities Complete if the organization ans		orm 990) Part IV line	11b See Form	990. Part X. line 12
•	(a) Description of security or categor (including name of security)			Book value	(c) Meth	nod of valuation of-year market value
(1) Financia	derivatives					
	held equity interests					· · · · · · · · · · · · · · · · · · ·
(3) Other						
(A)						
(B)	•••••					
(C)						
(D)						
(E) (F)						
(G)						
(U) (H)		• • • • • • • • • • • • • • • • • • • •				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶					, , , , , , , , , , , , , , , , , , ,
Part VIII	Investments – Program Relate	. <u> </u>			· * * · · · · · · · · · · · · · · · · ·	. ? %
T GIV VIII	Complete if the organization ans		orm 99	n Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	340100 103 0111		Book value		hod of valuation
	(a) Boosiphon of myselment		1	July 1		of-year market value
(1)						
(2)						
(3)						
(4)					•••	
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	·				ζ,
Part IX	Other Assets.					
	Complete if the organization and		orm 99	0, Part IV, line	e 11d. See Form	
		(a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)		· · ·				
(9)						
	ımn (b) must equal Form 990, Part X,	col (B) line 15.)			>	-
Part X	Other Liabilities.	, , , , , , , , , , , , , , , , , ,				
	Complete if the organization and	swered "Yes" on F	orm 99	0, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
	line 25.					,
1.	(a) Description of liability	(b) Book value	?			
(1) Federal	income taxes					
(2) Agency	Account		5,219			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		ļ				
	(b) must equal Form 990. Part X, col. (B) line 25.) ▶		5.219			
2. Liability for	or uncertain tax positions. In Part XIII, pro	vide the text of the foo	tnote to	the organization	s's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part			ue per Return.
	Complete if the organization answered "Yes" on Form 9		
	Total revenue, gains, and other support per audited financial stateme	ents	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants	. 2c	
	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d	• •	. 2e
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	·		
	•	. 4a	**
	Other (Describe in Part XIII.)	. 4b	î ´
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part i	· · · ·	. 4c .
Part			5
rait	Complete if the organization answered "Yes" on Form 9		
1	Total expenses and losses per audited financial statements	990, Fart IV, line 12a.	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
	Donated services and use of facilities	1 00 1	
a	·		
	Prior year adjustments	h — — — — — — — — — — — — — — — — — — —	28 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
c d	Other (Describe in Part XIII.)	2d	
_	Addition of Continuous College	20	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	, .
b	Other (Describe in Part XIII)	4b	* * * * * * * * * * * * * * * * * * *
	Add lines 4a and 4b	. [40]	4c 4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Pan	t I line 18)	5
Part			
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this		

	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
_		
•		
	····	
		····-
	······································	
	,	
		••••••
		•••••••••••••••••••••••
		•••••••••••••••••••••••••••••••••••••••

SCHEDULE (Form 990)

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

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/f
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OMB No 1545-0047	
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Open to Public Inspection

Department of the Treasury Internal Revenue Service	▼ Inf	ormation about Sche	dule I (Form 990) an	d its instructions	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	1	Inspection
Name of the organization							Employer identification fumber 64 6046642
Virginia Music Educators Association, Inc	hation, Inc						24-004-00-40
Part General Infor	General Information on Grants and Assistance	d Assistance					1
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the crants or assistance?	bstantiate the amous or assistance?	int of the grants or	assistance, the g	rantees' eligibility to	ir the grants or assista	ince, and
Occabe in Part IV #	Occurs in Dart IV the organization's procedures for monitoring	ures for monitoring	of the use of grant funds in the United States	nds in the United	States		
THE CEST	Grants and Other Assistance to Domestic Organ	omestic Organiz	ations and Dom	nestic Governm Part II can be d	ents. Complete if unlicated if addition	nizations and Domestic Governments. Complete if the organization ansimore than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form
1 (a) Name and address of organization or government	nization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)							
(4)							
(5)							
(9)						į	
(a)				i		:	
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment organiza	itions listed in the	line 1 table		ı	A A
l g	erwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.			Cat No 50055P		Schedule I (Form 990) (2016)

art IV, line 22.	(f) Description of noncash assistance								nal information.						Schedule I (Form 990) (2016)
red "Yes" on Form 990, P	(e) Method of valuation (book, FMV appraisal, other)							,	(b); and any other additior						
organization answe	(d) Amount of noncash assistance	0							2; Part III, column				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
s. Complete of the o	(c) Amount of cash grant	12,500							quired in Part I, line				1	1	
nestic Individuals space is needed.	(b) Number of recipients	7				ļ		The same and the s	the information rec					1	
Schedule (Form 990) (2016) 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.	(a) Type of grant or assistance	1 Music Education Scholarships							Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Schedule I (For		1 Music Ec	2	က	4	ഗ	9	7	Part IV		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Virginia Music Educators Association, Inc	54-6046642						
Form 990, Part VI, Section B. Line 11							
A COPY OF FORM 990 IS AVAILABLE AT THE ORGANIZATION'S ANNUAL MEETING FOR REVIEW BY THE BOARD OF DIRECTORS							
COMMENTS ARE SOLICITED AT THAT TIME							
Form 990, Part VI, Section C. Line 19							
IRS FORM 990 FOR THE PAST THREE YEARS AND OTHER DOCUMENTS REQUIRED TO BE AVAILABLE	E FOR PUBLIC INSPECTION, ALONG						
WITH ITS GOVERNING DOCUMENTS AND POLICIES, ARE AVAILABLE ON ITS WEBSITE WWW VMEA	COM ASSET REPORTS ARE						
AVAILABLE UPON REQUEST							

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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