# **Short Form Return of Organization Exempt From Income Tax**

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

2017

OMB No 1545-1150

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

Open to Public Inspection

		The Treasury  □ Go to www.irs.gov/Form990EZ for instructions and the latest informat	ion.	16					
A F	or the	2017 calendar year, or tax year beginning January 1 , 2017, and ending	Dec	embe	r 31,2	20 17			
В	Check if ap	oplicable C Name of organization	D Emp	loyer ıd	lentification nun	nber			
	Address c	The Music Stand		4	6,7,137592				
	Name cha		E Telep	Telephone number					
	Initial retu			68	32-777-4797				
===		City or town, state or province, country, and ZIP or foreign postal code	F Grou		mption				
=	Amended	return		nber I	-				
1					if the organizat	tion is not			
	Vebsite				ach Schedule				
					0-EZ, or 990-P				
			·	00,00	J	<del>'''</del>			
		organization Corporation Trust Association Other Organization s 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota			,				
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	assets	▶ .					
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	inetrij	ctions	for Part I)				
	art I				s ioi i ait ij	. 🗸			
_	1 4	Check if the organization used Schedule O to respond to any question in this Part I	<del>- : - :</del>		· · · · ·				
	1	Contributions, gifts, grants, and similar amounts received	•	1		640			
	2	Program service revenue including government fees and contracts	•	2		0			
	3	Membership dues and assessments		3	<del></del>	0			
	4	Investment income	_	4	-	0			
	5a	Gross amount from sale of assets other than inventory . 5a	0						
	b	Less: cost or other basis and sales expenses	0			_			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	•	5c		0			
	6	Gaming and fundraising events							
ne	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0						
Revenue	Ь	Gross income from fundraising events (not including \$ of contribution	is						
ě		from fundraising events reported on line 1) (attach Schedule G if the							
_		sum of such gross income and contributions exceeds \$15,000) . 6b	0	:					
	С	Less direct expenses from gaming and fundraising events 6c	0						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract						
		line 6c)		6d		0			
	7a	Gross sales of inventory, less returns and allowances	0						
	b	Less: cost of goods sold	0						
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		0			
	8	Other revenue (describe in Schedule O)		8		0			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9		640			
	10	Grants and similar amounts paid (list in Schedule O)		10		450			
	11	Benefits paid to or for members	) .	11		0			
es	12		၂၁			0			
Se	13	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance	၂ဝ	13	<del></del>	0			
Expens	14	Occupancy, rent, utilities, and maintenance	S	14		0			
Ä	15	Printing, publications, postage, and shipping	RS	15		17			
	16	Other expenses (describe in Schedule O)	T .	16		562			
	17	Total expenses. Add lines 10 through 16		17		1,028			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	•	18		-388			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with		<del></del>				
SS		end-of-year figure reported on prior year's return)		19	ı	919			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20		0			
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	. •	21		531			
For		work Reduction Act Notice, see the separate instructions.  Cat No 106421			Form <b>990-E</b>				

Par		lance Sheets (see the instructions f	•				
	Ch	eck if the organization used Schedule	O to respond to a	ny question in this			
					(A) Beginning of year	L.,	(B) End of year
22	Cash, sa	avings, and investments			919		531
23		d buildings			0	_	0
24	Other as	ssets (describe in Schedule O)				24	0
25		ssets			919		531
26		ibilities (describe in Schedule O)				26	0
27		ets or fund balances (line 27 of column			919	27	531
Part		atement of Program Service Accomp	•				<b>F</b>
		eck if the organization used Schedule				(Bec	Expenses uired for section
What	is the orga	anization's primary exempt purpose?	Music series/educati	on; artist developme	ent/support		c)(3) and 501(c)(4)
as m	easured by	rganization's program service accomplis by expenses. In a clear and concise maded, and other relevant information for ea	anner, describe the			orga othe	nizations, optional for rs )
	home was I	Stand provided emergency support to a m flooded and personal belongings, including wo donors who specifically requested the find the first amount	g instruments, were unds go to help a Hu	damaged. \$300 of the control of the	nis grant was	28a	450
29	The Music	Stand raised enough funds to secure a ger	neral liability insuran	ce policy in order to	avoid		
	paying prei	miums per program event. This policy is co	ost effective and allo	ws us to have more	financial		
	resources	for our concert series, professional develo	pment sessions, and	l creative music edu	cation		
	(Grants \$_	) If this amount	includes foreign gra	nts, check here	🕨 🗌	29a	367
30	The Music	Stand hosted 3 free events as part of our p	ersonal developmen	t series for professi	onal musicians		
		ing with Moorland YMCA as a location host					
	(Grants \$	~	includes foreign gra	nts, check here .	. ▶ □	30a	17
31		gram services (describe in Schedule O)					
-	(Grants \$	-	includes foreign gra	nts. check here	▶ □	31a	0
22	<u> </u>						<del>-</del>
3Z	Total prog	gram service expenses (add lines 28a tl	hrough 31a)		🕨	32	834
		gram service expenses (add lines 28a to t of Officers, Directors, Trustees, and Key	<del>`</del>		<b>&gt;</b>		834 etions for Part IV)
Pari	IV List	t of Officers, Directors, Trustees, and Key	Employees (list each				
	IV List		Employees (list each O to respond to ar (b) Average hours per week		Part IV	nstruc ee (e)	ctions for Part IV)
	IV List	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to ar (b) Average	one even if not coming question in this (c) Reportable compensation	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV)
Part	IV List	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule (a) Name and title	Employees (list each O to respond to ar (b) Average hours per week	. n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV  (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV)
Pari	V List Cho	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule (a) Name and title	Employees (list each O to respond to ar (b) Average hours per week	. n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV	ee (e)	etions for Part IV)
Part Arling Found	Cho	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation
Part Arling Found	ton J. Jones N. Jones	t of Officers, Directors, Trustees, and Key leck if the organization used Schedule  (a) Name and title  es II ent	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV	ee (e)	tions for Part IV)  Estimated amount of ther compensation

Form 99	0-EZ (2017)		F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements		ne	<u> </u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	3 Part	$\overline{}$	<u> </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33_		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	•	_	<b>                                     </b>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000		_
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37b		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	376		_
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>~</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39 a	Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	1		
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	ļ		<del></del>
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	i		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► Texas	406		
42a		82-77	7-479	7
	Located at ► 2115 Bancroft Ct, Arlington TX  ZIP + 4 ►	76017	-2733	
b	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)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ► N/A			<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
С	Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
·	If "Yes," enter the name of the foreign country.   N/A	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	$\sqcap$	162	INO
	completed instead of Form 990-EZ	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44:		<u> </u>
_	completed instead of Form 990-EZ	44b 44c		<b>√</b>
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	_		
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

									1.
Form 990	)-EZ (20	017)			_				Page 4
40	D'4 +	no organization angene directly or i	adiroatly in political a	ampaign activities	on bobolf	of or in opposi	tion [	Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o			on benan	or or in opposi	46	-	
Part V		Section 501(c)(3) organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<del></del>	140	Ь	<u> </u>
i dit		All section 501(c)(3) organization		stions 47–49b ar	nd 52. and	d complete th	e tables	for lın	es
		50 and 51.	4		,				
		Check if the organization used Sci	hedule O to respond	to any question i	n this Par	t VI .			. 🗆
								Yes	No
		he organization engage in lobbying <sup>9</sup> If "Yes," complete Schedule C, Par		section 501(h) elec	tion in eff	ect during the	tax . 47		1
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedu	le E .	. 48		✓
		ne organization make any transfers t	· ·	-	inization?		49a	-	✓
		es," was the related organization a se					. 49t		<u> </u>
		plete this table for the organization's							
	empi	oyees) who each received more than	1 \$ 100,000 of compet	T		lealth benefits,	e, enter	vone.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	itions to employee	(e) Estimat		
	,		devoted to position	(Forms W-2/1099-MIS		plans, and deferred empensation	other co	mpensa	tion
None						<del>-                                    </del>			
<u>Indiic</u>									
	Total	number of other employees paid ov	er \$100 000	<u> </u>	<u> </u>				
		plete this table for the organization			<del></del>	— ctors who each	received	l more	than
		,000 of compensation from the orga							
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c	) Compensa	tion	
				(-, ,,					
None				<u> </u>					
				-					
						<del></del>			
				-					
				1					
							•		
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶		0		
		the organization complete Schedu bleted Schedule A	ıle A? <b>Note:</b> All se	ection 501(c)(3) or	ganızatıor	s must attach	na ▶ <mark>⊘ Ye</mark> :	s 🗆 !	No
		of perjury, I declare that I have examined this is d complete. Declaration of preparer (other than					nowledge an	d belief,	ıt ıs
		MIX				12-6	5-18		
Sign		Signature of officer				Date			
Here		Hope N Jones, Co-Founder/VP							
		Type or print name and title	In		5-1-		Т		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check			
Prepa						self-emplo	yea		
Use C	Only	Firm's name				Firm's EIN ▶			

Firm's address 
May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

## **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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	Name of the organization Employer identification number					n number	
	he Music Stand 46-7137592						
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
	organization is not a private founda						
1	A church, convention of church						
2	A school described in section						
3 4	☐ A hospital or a cooperative ho☐ A medical research organization						(iii) Enter the
	hospital's name, city, and stat	e <sup>.</sup>					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	tal unit described in
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	n section 170(b)	)(1)(A)(vi). (Complete	Part II.)			
	An agricultural research organ or university or a non-land-grauniversity	int college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	f the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ie (less si	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and	l operated exclus	sively to test for publi	c safety	See <b>sect</b>	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly support of the control of t	•		•			
а	☐ Type I. A supporting organ the supported organization supporting organization Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t	· · ·	
b		-				supported organizati	on(s), by having
	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte	grated The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
	requirement (see instruction	•	-				
е	Check this box if the organ functionally integrated, or	iization received Type III non-func	a written determination tionally integrated su	on from ti pporting (	ne IRS that organizat	at it is a Type I, Type ion.	e II, ⊺ype III —————
f	Enter the number of supported						
g	Provide the following information		• , ,	· ·		Γ	
	(i) Name of supported organization	(u) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)					-		
(D)							
(E)							
Total							

supported organization

. . . .

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants") . . . 25 1387 60 141 1102 3295 79 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3 25 1387.60 141 1102 640.19 3295 79 The portion of total contributions by each person (other governmental unit supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 3295 79 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 . . 25 1387 60 141 1102 640 19 3295 79 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources 0 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . 0 Total support. Add lines 7 through 10 11 3295.79 Gross receipts from related activities reto (see instructions) 12 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  $\square$ Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 14 Public support percentage from 2016 Schedule A, Part II, line 14 . . . 15 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported . . ▶ □ b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

▶ □

Part	Support Schedule for Organiza						/
	(Complete only if you checked th						ider Part I/.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	/
Secti	on A. Public Support					<u></u>	
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						-
	received. (Do not include) any "unusual grants ")					I U	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					//	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513					<b> </b> /	
4	\ \						
4	Tax revenues levied for the organization's benefit and either paid to					<i>i</i> 1	`
	or expended on its behalf				<i> </i> /		
_				<u> </u>	+		
5	The value of services or facilities					i	
	furnished by a governmental unit to the	'			1		
	organization without charge				<u> </u>		
6	Total. Add lines 1 through 5 \	<u> </u>			<u> </u>		
7a	Amounts included on lines 1, 2, and 3	\			Y		
	received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3			X			
	received from other than disqualified		\/	41		1	
	persons that exceed the greater of \$5,000		$\cap$	1/			
	or 1% of the amount on line 13 for the year	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	M/M	1			
С	Add lines 7a and 7b		XV				
8	Public support. (Subtract line 7c from		ΪM				
	line 6)						
Secti	on B. Total Support		X / \				
	dar year (or fiscal year beginning in)	(a)/2013	(b) 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	17	1	1	(4)	\-,-,	(-)
10a	Gross income from interest, dividends,		`	<del>/ )</del>			
104	payments received on securities loans, rents,			$\setminus$ /		]	
	royalties, and income from similar sources	<i>X</i>		X			
_	· · ·	//		<del> /\</del>		· · ·	
b	Unrelated business taxable income (less section 511 taxes) from businesses	//		/ \			
	acquired after June 30, 1975	/		1			
				1			
	Add lines 10a and 10b				N		
11	Net income from unrelated business			\	1)		
	activities not included in line 10b) whether			\	I <i>J</i>		
	or not the business is regularly carried on				<u> </u>		
12	Other income. Do not include gain or			1			
	loss from the sale of capital assets			\	\ \ _		
	(Explain in Part VI)				7		
13	Total support: (Add lines 9, 10c, 11,				/ '		
	and 12) /						
14	First five years. If the Form 990 is for the	ne organization	i's first, secon	id, third, fourth	i, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re .		•	· · · · {	<b>\</b>	▶ □
Secti	on C. Computation of Public Suppor	t Percentage	е			1	
15	Public support percentage for 2017 (line 8	3, column (f) di	vided by line 1	13, column (f))		15	%_
16	Public support percentage from 2016 Sch				<u></u>	16	%
Secti	on D. Computation of Investment In					<u> </u>	
17	Investment income percentage for 2017 (I	line 10c, colum	nn (f) divided b	y line 13, colui	mn (f))	17 /	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests - 2017. If the organi	zation did not	check the box	x on line 14, a	nd line 15 is m	nore than 331/3%	6, and line
	17 s not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organization	on ▶ 🗆
b	331/4% support tests - 2016. If the organiz						
1	line 18 is not more than 331/3%, check this t	oox and stop h	ere. The organ	ization qualifies	as a publicly s	upported organi	ization 🕨 🔲
20	Private foundation. If the organization di						_

## 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.)

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
Ou	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		··	
_		<u>5a</u>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	 5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	88		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	0=		
ь.	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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 <b>Part VI</b> .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401	_	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	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 tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			L
	on or type in outper unit or gamma utons		Yes	No
1	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			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 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?	1	$\vdash \vdash \vdash$	
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 <b>Part VI</b> 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in the content of the conten			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
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 <b>Part VI</b> 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		
3	Parent of Supported Organizations Answer (a) and (b) below.		$\neg \dagger$	j
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		<u></u>
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov 20, 1970 (expla	ın ın Part VI). See
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	ĺ		
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>b</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	Ì		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u></u>
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u></u>
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supportin	g organization (see
instructions).			

Part		3) Supporting Organi	zations (continued)		
Secti	on D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish	exempt purposes	<u></u>		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4_	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive		
	(provide details in Part VI). See instructions	·-·	<del></del>		
9_	Distributable amount for 2017 from Section C, line 6				
<u>10</u>	Line 8 amount divided by line 9 amount	T			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ) See instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013 .				
С	From 2014		=.==		
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years		<del>.</del>		
h	Applied to 2017 distributable amount				
1	Carryover from 2012 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
c	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			,	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c				
8	Breakdown of line 7				
а	Excess from 2013			<u> </u>	
b	Excess from 2014 .			, i	
С	Excess from 2015				
d	Excess from 2016			, e	
<u>e</u>	Excess from 2017 .				

Part VI	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 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.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

46-7137592 The Music Stand Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances 1 In 2017, The Music Stand had the highest number of new individual donors (8) since its inception. Prior to this year, the organization was supported solely by the contributions of its founders. This year, The Music Stand also participated in two community fundraising programs, North Texas Giving Day and Giving Tuesday, for the first time. These efforts brought awareness to the organization 10 Grants and similar amounts paid. \$450 Musician's Emergency Fund - Texas musician/Hurricane Harvey victim 16. Other Expenses \$561 55 (rounded to \$562) = \$367 General Liability Insurance + \$192 Bank Account Fees + \$2 55 Paypal Fees Part III Statement of Program Service Accomplishments The Music Stand made significant progress this year in the areas of the Musician's Emergency Fund and professional development series; however, we were unable to raise enough funds to host our music education and concert series. The Music Stand applied for two grants to help jumpstart our music education series but did not receive the funding. Since we do not own a building and venue rentals are costly, our biggest challenge has been securing a location to host programs with the current budget. We have been meeting with an advisory team to develop plans and fundraising strategies. The Music Stand budget will be reevaluated to see how we can better achieve our program goals The increase of donors, grants, sponsors, and partners is a top priority. The purchase of land and a building are long term goals we want to see happen over the next five years. Despite these challenges, our organization remains hopeful as we press forward to serve and support the music and arts community. Part IV List of Officers, Directors, Trustees, and Key Employees The search is still in progress for more board members and trustees with a commitment to our mission and a passion for the arts. The Music Stand is in need of a development officer to help with fundraising, grant writing, and donor relations. Hiring employees will definitely be a key part of our continued success. The future goal is to provide salaries and benefits to our current officers as well as hire an administrative assistant, accountant, and public relations representative