Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

2949205 | 29102 OMB No 1545-0047

2019

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For the	2019 calendar year, or tax year beginning January 1 , 2019, and ending D	ecember 31	, 20 19
В	Check if a	pplicable C Name of organization D Em	iployer identifi	cation number
	Address	THE MUSIC STAND	46-41	37592
	Name cha	,	lephone numbe	r
	Initial retu	IDO ROX 170984	682-77	7-4797
$\overline{}$	Amended	City or town, state or province, country, and ZIP or foreign postal code	roup Exemption	on
_			umber 🕨	
G	Accoun		< ▶ ✓ If the	organization is not
	Vebsite		ed to attach S	
JΤ	ax-exer	npt status (check only one) — ✓ 501(c)(3)	990, 990-EZ	, or 990-PF)
		organization Corporation Trust Association Other Organization		
L A	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s	
(Pa	rt II, coi	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$	8,389
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uctions for	
		Check if the organization used Schedule O to respond to any question in this Part I.		🗸
	1	Contributions, gifts, grants, and similar amounts received	1	1,365
	2	Program service revenue including government fees and contracts	2	4,559
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory . 5a	0	
	Ь		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:		
	а	Gross income from gaming (attach Schedule G if greater than		
Ë		\$15,000) 6a	0	
Revenue	b	Gross income from fundraising events (not including \$ 0 of contributions	7	
, Be		from fundraising events reported on line 1) (attach Schedule G if the		
_		sum of such gross income and contributions exceeds \$15,000) . 6b 2,43	2	
	С	Less direct expenses from gaming and fundraising events 6c 70	<u> </u>	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ヿ゛.」	
		line 6c)	6d	1,731
	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	32
	9	Total revenue. Add Irnes 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	7,687
	10	Grants and similar amounts paid (list in Schedule O)	10	125
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits MAY 2 2 2020	11	0
es .	12	Salaries, other compensation, and employee benefits	12	0
Si s	13	Professional fees and other payments to independent contractors OGD: 117	13	1,225
SCAN Expenses	14	Occupancy, rent, utilities, and maintenance	14	0
ξû	15	Printing, publications, postage, and shipping .	15	11
m	16	Other expenses (describe in Schedule O)	16	2,942
SCANNED	17	Total expenses. Add lines 10 through 16	17	4,303
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	3,384
ada Seets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
% As		end-of-year figure reported on prior year's return)	19	486
Stasset 3 A Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
3	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	3,870
For	Paper	work Reduction Act Notice, see the separate instructions. Cat No 10642	For	m 990-EZ (2019)

Pa	t II Balance Sheets (see the instructions	for Part II)			-	
	Check if the organization used Schedule	e O to respond to a	ny question in this		<u></u>	<u></u>
			<u>_</u>	(A) Beginning of year	<u>_</u>	(B) End of year
22	Cash, savings, and investments			486	_	3,870
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets .		· [486		3,870
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	<u> </u>		486	27	3,870
Par		•		•		Expenses
10//	Check if the organization used Schedule tis the organization's primary exempt purpose?		ny question in this ion; artist developme		(Red	quired for section
Desc as n	cribe the organization's primary exempt pulpose? Bribe the organization's program service accompliance accompliance and concise in a clear and concise in a clear and concise in the program of the prog	lishments for each of manner, describe the	of its three largest p	orogram services,		(c)(3) and 501(c)(4) anizations, optional for ers)
28	The Music Stand Revue presented a Christmas cond	cert at a historic chur	ch in the Dallas arts o	district,		
	450 total attendees. The expenses included venue re	ental, musician paym	ents, young artists he	onorariums,		
	technical assistant payment, crew refreshments, eve			••••• <u>••</u> •		
	<u></u>	t includes foreign gra		. ▶ 🗆	28a	3,186
29	The Music Stand launched our creative music educa				l	
	80 total attendees. The expenses included piano ren	ital fee & purchase of	hand instruments fo	r attendee		
	participation.					
		t includes foreign gra		. ▶ ⊔	29a	436
30	The Music Stand provided emergency funding assis	tance to a profession	al musician battling	a rare cancer to		
	help with basic living needs.					
	(O	to a local and a second				
04		t includes foreign gra	ants, check here .	. <u> </u>	30a	125
31	Other program services (describe in Schedule O)	Kamalandan Kamalama awa			04-	_
20	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra	ants, check here .		31a	+
Par	<u> </u>		n one even if not com	nancated and the in		-7
ı- Gi	Check if the organization used Schedule			•	istrut	Stions for Part IV)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe	6	Estimated amount of other compensation
Arlın	gton J. Jones II	 	· · · · · · · · · · · · · · · · · · ·	<u> </u>	+-	
	der, President	12	0		0	O
	N. Jones	- 12			-	
	der, Vice President	12		,	0	0
	Sewell	 		<u> </u>	1	
	i Member	2	ľ		0	0
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Part								
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	∨ . Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	\				
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							
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1				
b	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		✓				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0							
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-	<u> </u>					
		38a		✓				
	The contract of the contract o	-						
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9							
a 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 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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
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							
42a	The organization's books are in dare of a majorith delice of a majorith		7-479					
	Located at ▶ 2115 Bancroft Ct, Arlington TX ZIP + 4 ▶	/601/	-2733 Yes					
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	162	VO ✓				
	If "Yes," enter the name of the foreign country ► N/A	72.0		-				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► N/A	42c		√				
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 completed instead of Form 990-EZ	44a		✓				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be							
	completed instead of Form 990-EZ	44b		√				
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓				
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		✓				

Form 9	90-EZ (2019) ' □ □					ı	Page
			<u> </u>	·		Yes	No
46	Did the organization engage, directly or i			behalf of or in opposi	tion		
	to candidates for public office? If "Yes,"		, Part I		· 46		✓
Part	3			50 1 1 1			
	 All section 501(c)(3) organization 50 and 51. 	is must answer que	estions 47-49b and	52, and complete th	e tables	tor iin	es
•	Check if the organization used So	hadula O ta raspana	t to any augetion in t	hic Dart VI			_
	Officer if the organization used Sc	nedule O to respond	to any question in t	ilis rait vi	 	Yes	T No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during the	tax	1.03	 ```
	year? If "Yes," complete Schedule C, Pai				. 47		│
48	Is the organization a school as described in	n section 170(b)(1)(A)(ıı)? If "Yes," complete	Schedule E	48	<u> </u>	1
49a	Did the organization make any transfers to	to an exempt non-cha	arıtable related organız	ration?	49a		√
b	If "Yes," was the related organization a se				49b		
50	Complete this table for the organization's						
	employees) who each received more than	n \$100,000 of compe	nsation from the orgai		e, enter "I	vone '	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat other cor		
None							
							
f	Total number of other employees paid ov	er \$100,000 .	. ▶0				
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compo anization If there is no	ensated independent one, enter "None."	contractors who each	received	more	tha
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice (c)) Compensat	ion	
None				-		_	
NOTIE			1				
			1				
			_				
			1				
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>	0	_	
52	Did the organization complete Schedu	•	•				
	completed Schedule A				► ✓ Yes	_ 🗆 1	No
	enalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other than				iowledge and	belief,	ıt ıs
	1 STATE			5-12-	-202	-0	
Sign	Signature of officer			Date			

Sign
Here

Hope N. Jones, Co-Founder/VP
Type or print name and title

Paid
Preparer
Use Only
Firm's name
Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

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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

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. Open to Public

Name of the organization

Inspection Employer identification number

	MUSIC STAND						<u>37592</u>	
	Reason for Public Cha						ons.	
The	organization is not a private founda	ation because it	is. (For lines 1 through	12, che	ck only o	ne box)		_
1	A church, convention of church	hes, or associat	on of churches descr	ibed in si	ection 17	'0(b)(1)(A)(i).	A-7	•
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	☐ A hospital or a cooperative hos	spital service or	ganization described i	n sectio i	n 170(b)(1)(A)(iii).	•	
4	A medical research organization						(iii). En	ter the
	hospital's name, city, and state	e. '	•				•	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit	described in
6	A federal, state, or local govern	nment or govern	mental unit described	in secti	on 170(b))(1)(A)(v).		
7	An organization that normally described in section 170(b)(1)		•	port fron	n a gover	nmental unit or fron	n the g	eneral public
8	A community trust described in	n section 170(b	(1)(A)(vi). (Complete	Part II)				
9	An agricultural research organi				erated in	conjunction with a l	and-ora	ant college
	or university or a non-land-gra university	nt college of agr	riculture (see instruction	ons) Ente	er the nar	ne, city, and state of	the co	llege or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/39	% of its
11	An organization organized and	operated exclus	sively to test for publi	c safety	See sect	ion 509(a)(4).		
	An organization organized and	•	•				rry out	the purposes
	of one or more publicly suppo							
	Check the box in lines 12a thro	ugh 12d that de:	scribes the type of sur	porting o	organizati	on and complete line	es 12e,	12f, and 12g
а	☐ Type I. A supporting organ	ization operated	I. supervised, or contr	olled by	its suppo	rted organization(s).	typical	ly by giving
	the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	ajority of t			
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), b	y having
	control or management of to organization(s) You must	the supporting o	rganization vested in	the same				
С	Type III functionally integ its supported organization(ally inte	grated with,
d	Type III non-functionally i that is not functionally integ							
	requirement (see instruction						u an a	tentiveness
е	Check this box if the organ functionally integrated, or T						e II, Typ	e III
f	Enter the number of supported of	organizations .						
g	Provide the following information	about the supp	orted organization(s)				_	
	(i) Name of supported organization	(II) EIN	(III) Type of organization			(v) Amount of monetary		Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)		support (see structions)
				Yes	No			
(A)							_	
(B)								
(C)								· <u>-</u>
(D)								
(E)								
				 	 	 		

Part II 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.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") .	141	1102	640.19	3152 87	8388 71	13424 77
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	O	0	0	0	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	141	1102	640 19	3152 87	8388 71	13424 77
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						13424.77
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	141	1102	640 19	3152 87	8388 71	13424 77
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	O	o	o	0	o	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on .	0	0	o	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	0	0	o	0	o	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization		 d, third, fourth,	or fifth tax ye	12 ear as a section	13424 77 0 n 501(c)(3)
	organization, check this box and stop he			•	•		
	on C. Computation of Public Suppor			1 1 (0)			
14	Public support percentage for 2019 (line 6			1, column (f))		14	100 %
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi			on line 13, an		15 31/3% or more.	100 %
	box and stop here. The organization qua						▶ ☑
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not o	check a box o	n line 13 or 16		is 33½% or mo	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization .	eets the "facts-	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a cation qualifies	and stop here. s as a publicly	Explain in
b	· · · · · · · · · · · · · · · · · · ·	ation meets the neets the "fact	e "facts-and-c s-and-circums	rcumstances" stances" test. 7	test, check t The organization.	this box and son qualifies as	top here. a publicly ▶ □
18	Private foundation. If the organization distructions	d not check a b	oox on line 13,		or 17b, check	k this box and s	see , , ▶ □

	. 4						,
	ule A (Form 990 or 990-EZ) 2019				_	_	Page 3
Part							/ 5
	(Complete only if you checked th						oder Part II.
Cast	If the organization fails to qualify	under the te	ests listed bei	ow, please co	ompiete Part	11.)	
	ion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2015	(h) 0016	(a) 2017	(4) 2019	(e) 2Ø19	/O Total
Caler 1	Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
'	received (Do not include any "unusual grants")					/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	•					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	i				,	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					;	
8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						
	on B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	/(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						1
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	/					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					:	
13	Total support. (Add lines 9, 10c. 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	re .	•	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		-	13, column (f))		15	%
16	Public support percentage from 2018 Sch			<u> </u>	• •	16	%

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2018 Schedule A, Part III, line 17. 18 % 331/3% support tests-2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more that 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support fests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Secti	ion 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 Part VI 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	广		-
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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 (as 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)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u></u>		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	<u> </u>	
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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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 Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b		, va		

determine whether the organization had excess business holdings)

10b

Part	IV 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		ļ
	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 Part VI. on B. Type I Supporting Organizations	11c		<u> </u>
Secu	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		163	INO
•	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 Part VI 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	1		
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			г
4	And the second s		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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			L
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		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		
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 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		
Section	on E. Type III Functionally Integrated Supporting Organizations	1		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	 s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truct	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			
	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			
L	·	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.		-	-
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	l .
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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	3b		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or		izations	- age (
			lava va David V(I). Ca -
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income	iizai	(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		T
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		(D) 0
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			-
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
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		<u> </u>
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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.		<u></u>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		_	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015 .			
С	From 2016		<u> </u>	
d	From 2017			
<u>е</u>	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			1
4	Distributions for 2019 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016 .		·]
c	Excess from 2017 .			
d	Excess from 2018			
<u>e</u>	Excess from 2019	<u>_</u>		

Pa	_	۵	8

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.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE MUSIC STAND 46-4137592 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Sections 1, 2 & 6 In 2019, The Music Stand experienced almost 300% revenue growth due to more individual donors, fundraising events in the spring & fall, and the success of our concert series program presentation in the fall. Section 8 Other Revenue: \$31.93 Square Merchant Setup - Required to pay \$0.01 to verify bank account, then Square refunded \$0.01 after verification was completed. Foundation Center Online (FCO) - Required to pay \$430.92 to start account. \$31.92 was refunded after FCO verified tax exempt status. Section 10 Grants and similar amounts: \$125 The Music Stand provided emergency funding assistance to a professional musician battling a rare cancer to help with basic living needs. Section 16 Other Expenses: \$2942.48 (Itemization below) \$1340.00 Concert Series Venue Rental \$509.76 Concert Series Printed Programs/Playbill \$4.99 Concert Series Crew Refreshments \$46.86 Concert Series Crew Refreshments \$59.29 Concert Series Crew Refreshments \$85.81 Creative Music Education Hand Instruments \$350 00 Creative Music Education Piano Rental \$334.00 Annual Insurance Premium \$8.22 Office Supplies \$160 00 Bank Account Fees \$0.01 Square Merchant Fees

\$43.54 Paypal Merchant Fees

Name of the organization THE MUSIC STAND	Employer identification number 46-4137592
Part III Statement of Program Service Accomplishments	
The Music Stand was able to continue our concert series this year by presenting a Christmas concert. We	had the largest audience to date.
We partnered with Love Ministries in Dallas to launch our creative music education series. The program w	as presented in South Dallas,
where music education programs & live music performances are limited. We worked with Love Ministries t	to bring in a Steinway piano to
a local South Dallas community recreation center. To our knowledge, it was the first time a presentation of	this kind had been done. The
audience was made up of youth, young adults & adults. Plans are underway to present our creative music	education program in other areas.
Although our resources of emergency funding for professional musicians was limited this year, we were a	ble to help at least one
individual battling a rare cancer who had to stop working due to extensive medical treatments and frequen	t hospitalization. We were able to
provide funds for basic living needs at a crucial point in time. Our goal is to raise more awareness about the	ne needs of professional
musicians and increase our resources for emergency funding so we can have a greater impact. We are haj	opy to report our personal
development for professional musicians program is holding steady. This year we connected with two new	community partners, a world-class
fitness & wellness facility in Dallas and a certified personal trainer, to extend this program to include fitnes	ss and whole health. Professional
musicians engaged in non-competitive fitness activities and learned about simple workouts. The aim is to	help them prioritize fitness in their
busy schedules. Our next goal is to plan a health fair specifically for professional musicians. The personal	development program is offered
at no cost to the professional musicians, and because of partner support this year, we were able to keep o	ur expenses low for this initiative.
All in all, The Music Stand programs are growing stronger with an increase every year so far. We continue	to look for funding sources to
ensure our programs thrive, and we intend to expand our community partnerships. We are grateful for the	impact we have made, and we are
excited about what the future holds for The Music Stand.	·····
Part IV List of Officers, Directors, Trustees, and Key Employees	
We have yet to secure enough funds to hire and maintain a staff, but we still hope to be able to do so in the	e near future, especially with our
program advancements and operations expanding year to year. This year The Music Stand team dedicated	more time overall, especially
to execute our spring fundraiser effectively, improve donor relations, secure sponsorships, and search for	appropriate funding opportunities.
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End of Supplemental Information for 2019 -	