## EXTENDED TO JULY 15, 2016

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

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	e 2014 calendar year, or tax year beginning SEP 1, 2014 and ending	AUG 31, 2015	
В	Check if applicabl	C Name of organization	D Employer identific	cation number
Г	Addre	EDUCATION THROUGH MUSIC, INC.		
Ē	Name chang		13-30	613210
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	uite E Telephone number	
	Final return	122 EACH ADNID CHREEK		972-4788
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,844,605.
	Amen return		H(a) Is this a group re	
	Application	a- F Name and address of principal officer: KATHERINE DAMKOHLER		? Yes 🗓 No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	
				list. (see instructions)
		te: > WWW.ETMONLINE.ORG	H(c) Group exemption	number 🕨
		organization: X Corporation	$^\prime$ ear of formation: $1991~ m M$	State of legal domicile; NY
P	art l	Summary		
é		Briefly describe the organization's mission or most significant activities: HELPING		
ğ		ORGANIZATIONS MAKE HIGH QUALITY MUSIC (CONTI		
ÆĽ		Check this box  if the organization discontinued its operations or disposed of r	1 1	
ő			3	21
• <b>ŏ</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
iţie	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	83
Activities & Governance	72	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12	6	31
ĕ	l 'a	Net unrelated business taxable income from Form 990-T, ine 34	7a	0.
-	1 -	The annual business taxable insents from 500 1, inc 04	Prior Year	Current Year
d)	8	Contributions and grants (Part Vill, line 1h)	1,770,049.	2,425,163.
Ž	9	Program service revenue (Part VIII, line 2g)	1,027,599.	1,320,168.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,972.	7,054.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c	1,733.	14.
		Total revenue - add lines 8 through 11 (must equal Part VIII, Sium)	2,810,353.	3,752,399.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,941,879.	2,307,472.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25)   380,056.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	497,689.	618,479.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,439,568.	2,925,951.
- V	19	Revenue less expenses. Subtract line 18 from line 12	370,785.	826,448.
Net Assets or Fund Balances	20	Total accate /Dart V. line 16\	Beginning of Current Year	End of Year
ASSE	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	1,395,472.	2,173,913.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	73,772.	<u>34,456.</u>
P	art II		1,341,700.	2,139,457.
Unc	ler pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	etements, and to the best of my	kBowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		Knowledge and Bener, it is
		Madeine Dankoelis	7.12	. /(-
Sig	ın	Signature of officer	Date	
He		KATHERINE DAMKOHLER, EXECUTIVE DIRECTOR		
		Type or print name and title	1 1	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		CHRIS BELLANDO	17 V / O self-employe	
	parer	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN	13-1655065
Use	Only	Firm's address 300 EAST 42ND STREET		
_		NEW YORK, NY 10017	Phone no. <b>21</b>	2-697-2299
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	1990 (2014) EDUCATION THROUGH MUSIC, INC. 13-3613210	Page 2
Pai	till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	EDUCATION THROUGH MUSIC WAS FORMED TO PROMOTE THE USE OF MUSIC IN	<del></del>
	INNER-CITY SCHOOLS, AS A MEANS OF ENHANCING STUDENTS' ACADEMIC	
	PERFORMANCE AND GENERAL DEVELOPMENT. DURING 2014-15, ETM'S PARTNER	
_	SCHOOL PROGRAM PROVIDED MUSIC AS A CORE (CONTINUES ON SCHEDULE "O")	
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "Yes," describe these new services on Schedule O.	
3		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,367,757. including grants of \$) (Revenue \$ 1,320,1	<u>168.</u> )
	PROGRAM SERVICE ACCOMPLISHMENTS 2014 - 2015:	
	DURING 2014-15, EDUCATION THROUGH MUSIC (ETM ) WORKED TO SUPPORT	
	STUDENT LEARNING IN MUSIC AND IN ALL AREAS, AND TO BUILD CAPACITY A	10NG
	SCHOOL AND COMMUNITY MEMBERS TO SUSTAIN PROGRAMS. ETM USED MUSIC TO	
	IMPROVE THE EDUCATION OF 20,000 STUDENTS THROUGH PARTNERSHIPS WITH :	36
	NEW YORK CITY SCHOOLS, WHICH PROVIDED: STUDENTS WITH COMPREHENSIVE,	
	SKILLS-BASED MUSIC INSTRUCTION, AS WELL AS ENRICHMENT PROGRAMS; MUSIC	[C
	TEACHERS WITH ONGOING TRAINING, MENTORING AND OVERSIGHT; NON-MUSIC	
	CLASSROOM TEACHERS WITH PROFESSIONAL DEVELOPMENT OPPORTUNITIES;	
	PRINCIPALS WITH LEADERSHIP GUIDANCE; AND PARENTS AND COMMUNITY MEMBI	TRS
	WITH INFORMATION ABOUT THEIR SCHOOL'S MUSIC PROGRAM, AS WELL AS	
	OPPORTUNITIES TO SEE CHILDREN'S (CONTINUES ON SCHEDULE "O")	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (neverue \$	/
		-
4.		
4c	(Code:) (Expenses \$ including grants of \$)       (Revenue \$)	)
	•	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	÷
4e	Total program service expenses ► 2,367,757.	
		<b>90</b> (2014)
43200 11-07-		- (CU 14)

Form 990 (2014) EDUCATION THROUGH MUSIC, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			į
	If "Yes," complete Schedule A	1	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		445.75	
	as applicable.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	, 10		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		-22
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
		12a	x	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	iza	-25	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the executation are interested as efficiency of the second of the se	13 14a		X
b		148	<u> </u>	-22
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	146		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	4-		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16				7.7
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1.7
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L

Form 990 (2014) EDUCATION THROUGH MUSIC, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II	00		₹.
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_26	<u> </u>	X
Zi	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	1.87.24.11	A
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	,		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		1		37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38		37	x	A

Form **990** (2014)

### 014) EDUCATION THROUGH MUSIC, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>		Ш
		ı	. F		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_1a	23			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	-				
	(gambling) winnings to prize winners?	i	· · · · · · · · · · · · · · · · · · ·	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	83	. Com		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
_			***************************************	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			7.5
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	_4a		X
b	If "Yes," enter the name of the foreign country:		L (EDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaff "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5b		Х
C-				5c	<del>                                     </del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	_		ς_	ĺ	X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		
D			J	Ch.		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			6b	5 55 L.A.	45774.23
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvicae :	provided to the navor?	70	X	25.11.53
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10	25	
Ŭ	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		3	75 - F (14,2) 1 1 - F (22,2)	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		*	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the appropriate exemples a distribution to a describe the second of			9b		
10	Section 501(c)(7) organizations. Enter:	1	1		Tari:	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ղ1041	?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			7111		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		L

Form **990** (2014)

41		121	
orm	990	(2014)	1)

Form 990 (2014) EDUCATION THROUGH MUSIC, INC. 13-3613210 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	2 1 2 2 2
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1172-21
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	2.:
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		- W. 15.	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		12:12:20
Sec	tion C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RAINAH BERLOWITZ, DIRECTOR OF OPERATIONS - 212-972-4788			
	122 EAST 42ND STREET ROOM 1501, NEW YORK, NY 10168			

11		193
orm	990	(2014)

#### EDUCATION THROUGH MUSIC, INC.

13-3613210

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not c , unle	(( Posi heck ss pe	ition more		one h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ботты	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL SCHAEFER	1.00									
CHAIRMAN		X	ļ	X	_			0.	0.	0.
(2) EMILY H. SUSSKIND	1.00							_		
VICE CHAIR	1 00	X		X				0.	0.	0.
(3) ROBERT A. WEISSTUCH	1.00	l								_
VICE CHAIR	1 00	X		Х		_	ļ	0.	0.	0.
(4) KATHERINE ELLIOTT	1.00									
TREASURER	1 00	X		Х	ļ	-	<u> </u>	0.	0.	0.
(5) ALY ALIBHAI	1.00	-							_	_
BOARD MEMBER	1 00	X				-	_	0.	0.	0.
(6) JOSHUA BELL	1.00	37							_	_
BOARD MEMBER	1 00	X	<del> </del>					0.	0.	0.
(7) RICHARD BERNSTEIN	1.00	\ \ \								
BOARD MEMBER	1 00	X	ļ <u> </u>		_			0.	0.	0.
(8) RICK DOBBIS	1.00	₹.								_
BOARD MEMBER	1.00	X	$\vdash$				$\vdash$	0.	0.	0.
(9) AIDAN FITZMAURICE	1.00	X							_	_
BOARD MEMBER	1.00	Δ			-			0.	0.	0.
(10) JENNIFER M. GOFF	1.00	X						0.	0.	_
BOARD MEMBER (11) VICTOR GOLDBERG	1.00				$\vdash$		-	- 0.		0.
BOARD MEMBER	1.00	х						0.	0.	0.
(12) KAREN M. KARLSRUD	1.00	27			-	-		<u> </u>	V •	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) ANDREW J. MALIK	1.00		<u> </u>							<u> </u>
BOARD MEMBER	2100	X						0.	o.	0.
(14) JOSEPH F. MCDONALD	1.00		$\vdash$				<del> </del>			0.
BOARD MEMBER		x				ļ		0.	0.	0.
(15) LORI MURPHY	1.00		<u> </u>							<u> </u>
BOARD MEMBER		Х						0.	0.	0.
(16) MATTHEW KNOUFF	1.00		T							<u> </u>
BOARD MEMBER		x						0.	0.	0.
(17) AMIE PATEL	1.00									
BOARD MEMBER		X						0.	0.	0.
										F . 000 (004.4)

432007 11-07-14

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	pioy	ees		<u>a Hı</u> C)	gne	st C			/r-\
(A) Name and title	Average			ر. Pos		1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
wanto and title	hours per		not c	heck	more	than is bot		·	compensation	amount of
	week	offi	fficer and a director					from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	e or di	幸			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	truste	nstitutional trustee		85	шреш		(**-2/1099-101150)	•	organization and related
	below	nid wal	trigin	귫	Key employee	est co loyee	Jer			organizations
	line)	лdiv	噩	Officer	Key e	E E	Former			
(18) EDMUND R. SCHROEDER	1.00								_	
CHAIRMAN EMERITUS	1 00	Х					ļ	0.	0	. 0.
(19) DAVID E. STIEPLEMAN	1.00	3,5							_	
BOARD MEMBER	1.00	X	-					0.	0	0.
(20) MANOJ SUSARLA BOARD MEMBER	1.00	х						0.	0	0.
(21) STEVEN J. WILLIAMS	1.00							<u> </u>	<u> </u>	•
BOARD MEMBER		x						0.	0	0.
(22) KATHERINE DAMKOHLER	45.00									
EXECUTIVE DIRECTOR				X				151,753.	0	2,914.
(23) RAINAH BERLOWITZ	45.00									
SECRETARY AND DIRECTOR OF		_		X	<u> </u>			79,107.	0	9,987.
		-		ŀ						
				-						
		1								
						-				
		1								
1b Sub-total			•				<u> </u>	230,860.	0	. 12,901.
c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.	0	
d Total (add lines 1b and 1c)						<u>.</u>	<b>&gt;</b>	230,860.	0	. 12,901.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable	
compensation from the organization										1
3 Did the organization list any former officer	مالم مالم		_ 1_		1			.		Yes No
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the si										
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes," con	nplete Schedul	le J	for s	uch	per	son	LEALA			5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co										sation from
the organization. Report compensation for	the calendar y	ear_	endi	ing v	with	or w	/ithi		year.	
<b>(A)</b> Name and business	address	M	ON:	F				(B)  Description of s	services	(C) Compensation
		TA	O14.	<u> </u>						
						<del></del>	· · · · · ·			
2 Total number of independent contractors (	including but r	not li	imite	ed to	the	se li	ster	d above) who received n	nore than	
\$100,000 of compensation from the organ			_			0			The second secon	
										Form <b>990</b> (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated **(B)** Related or (D) Revenue excluded from tax under sections 512 - 514 Total revenue exempt function business revenue revenue 1 a Federated campaigns Membership dues đb 398,527. Fundraising events 1c d Related organizations 1d 210,800 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,815,836 57,538. g Noncash contributions included in lines 1a-1f; \$ ,425,163 Total. Add lines 1a-1f Business Code 2 a SCHOOL MUSIC PROGRAM 611710 1,320,168.1,320,168 f All other program service revenue 1,320,168. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 7,054. 7,054. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 398,527. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \_\_\_\_\_b c Net income or (loss) from fundraising events n 9 a Gross income from gaming activities. See Part IV, line 19 .....a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 14. d All other revenue e Total. Add lines 11a-11d 752,399,1,320,168 7.068. Total revenue. See instructions. Form 990 (2014)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. generăl expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 258,364. 168,513. 68.406. 21,445. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,753,866. 1,474,339. 60,086. 219,441. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 143,773. 117,019. 2,070. 24,684. Other employee benefits 151,469. 126,334. 8,312. 16,823. 10 Payroll taxes Fees for services (non-employees): Management ..... 19,548. 19,548. Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ f Other. (If line 11g amount exceeds 10% of line 25, 86,608. 60,349. column (A) amount, list line 11g expenses on Sch O.) 1,237. 25,022. 4,240. 3,676. 85 Advertising and promotion 479. 12 91,134. 54,937. 2,560. 33,637. Office expenses 13 14 Information technology 15 Royalties 188,061. 158,198. 9,690 20,173. Occupancy 16 29,620. 27,810. 34. 1,776. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ..... 1,075. 1,075. 19 20 Payments to affiliates 21 16,068 13,176 Depreciation, depletion, and amortization ..... 964 1,928. 22 14,403. 11,811 864 1,728. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 117,164 112,532 717 PROGRAM & OFFICE SUPPLI 3,915. 19,729. **b** CAPITAL PURCHASES 22,866. 647 2,490. c CATERING & HOSPITALITY 17,009 13,280 638. 3,091. 10,343 d MISCELLANEOUS 4,979. 1,940. 3,424.

340

2,925,951.

Form **990** (2014)

380,056.

340.

178,138.

25

e All other expenses

Check here

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

2,367,757.

Form 990 (2014)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			
1		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	286,012.	1	623,516
2	Savings and temporary cash investments	665,852.	2	946,604
3	Pledges and grants receivable, net	96,000.	3_	211,500
4	Accounts receivable, net	5,570.	4	690
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
6	Loans and other receivables from other disqualified persons (as defined under		5	1 10 10 10 10 10 10 10 10 10 10 10 10 10
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
,,	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			
			6	
Assets	Notes and loans receivable, net		7	
8	Inventories for sale or use	04 534	8	TO 065
9	Prepaid expenses and deferred charges	24,531.	9	70,067
108	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 231, 900.	20.270		
	Less: accumulated depreciation 10b 186,816.	39,379.	10c	45,084
11	Investments - publicly traded securities	243,859.	11	242,183
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	34,269.	15	34,269
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,395,472.	16	2,173,913
17	Accounts payable and accrued expenses	73,772.	17	34,456
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
Ě	key employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L		22	
<b>2</b> 3	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
+	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	73,772.	26	34,456
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
တ္ဆ	complete lines 27 through 29, and lines 33 and 34.			
Ž 27	Unrestricted net assets	672,067.	27	966,084
g 28	Temporarily restricted net assets	649,633.	28	1,173,373
ස 29	Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
p	and complete lines 30 through 34.	100 E		
g 30	Capital stock or trust principal, or current funds		30	
9 9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	1,321,700.		2,139,457
34	Total liabilities and net assets/fund balances	1,395,472.		2,133,437
1 34	Total hapinhos and tiet assers/fully balances	<u> </u>	34	5 2 , 1 / 3 , 9 1 3

Form 990 (2014)

, Form	990 (2014) EDUCATION THROUGH MUSIC, INC.	13-36	13210	Pa	ge * <b>12</b>
Par	t XI Reconciliation of Net Assets				<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_3,75	2,3	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,92		
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,32		
5	Net unrealized gains (losses) on investments	5			91.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,13	9,4	57.
Paı	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		*******		
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1142		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:			n, jiyasile Maraka	
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			71200
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. \$545-0047 \*\*
2014

Open to Public Inspection

Name of	the organization						Employer	identification number
	EDUC.	ATION THRO	<u>UGH MUSIC, I</u>	NC.			1	3-3613210
Part I	Reason for Public (	Charity Status (	All organizations must co	mplete thi	is part.) See i	instruction	S.	
The organ	ization is not a private found	ation because it is: (l	For lines 1 through 11, o	heck only	one box.)			
1	A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(/	4)(i).		
2	A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E.)					
з 🔛	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(iii).			
4 📖	A medical research organization	ation operated in cor	njunction with a hospital	described	in section 1	170(b)(1)(A	)(iii). Enter t	he hospital's name,
	city, and state:						.,,	
5	An organization operated for	or the benefit of a col	llege or university owne	d or operat	ted by a gove	ernmental i	unit describ	ed in
	section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6 🖳	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	<sup>7</sup> 0(b)(1)(A)(v)			
7 X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental ur	nit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (Co							
8 🖳	A community trust describe							
9 📖	An organization that norma							
	activities related to its exem							
	income and unrelated busing		(less section 511 tax) fr	om busine	sses acquire	d by the o	ganization	after June 30, 1975.
,	See section 509(a)(2). (Cor	. ,						
10	An organization organized a							
11 📖	An organization organized a						-	
	more publicly supported or		, ,, ,				. ,. ,	heck the box in
	lines 11a through 11d that						_	
a L				-	-			
	the supported organization			a majority (	or the directo	or trust	ees of the s	upporting
b	organization. You must o			tion with it	o aumontad	organizati	an/a\ barba	da e
D								
	control or management o organization(s). <b>You mus</b>			ame perso	JIIS TIAL COIL	IOI OF ITIAN	age une sup	porteu
с 🗆	Type III functionally inte			in connec	tion with an	d functions	lly intograte	od with
• _	its supported organizatio						my integrate	ou with,
d 🗌	Type III non-functionally		•				rted organi:	zation(s)
	that is not functionally int							
	requirement (see instruct		•	-	-		u dir direction,	
e	Check this box if the orga						II. Type III	
	functionally integrated, o					31 - 7 - 31 -	,	
f Ent	er the number of supported o							
<b>g</b> Pro	vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization ( in your	<b>v)</b> Amount o	*	(vi) Amount of
	organization		(described on lines 1-9 above or IRC section	governing	document?	suppor Instruc		other support (see
			(see instructions))	Yes	No	mstruc	uoris)	Instructions)
			*****					
								*
	<del></del>							
Total								
, viai		and the same of th		A CONTRACT OF THE PARTY OF THE	process actions and selection		1	

13-3613210 Page 2

# Schedule A (Form 990 or 990-EZ) 2014 EDUCATION THROUGH MUSIC, INC. 13-36132 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1015695.	1132000.	1587498.	1770049.	2425163.	7930405.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1015695.	1132000.	1587498.	1770049.	2425163.	7930405.
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)						913,389.
6	Public support. Subtract line 5 from line 4.						7017016.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	1015695.	1132000.	1587498.	1770049.	2425163.	7930405.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,455.	4,425.	7,203.	6,755.	7,054.	29,892.
9	Net income from unrelated business					. , :	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<del></del>
	or loss from the sale of capital						
	assets (Explain in Part VI.)	8,349.	4,359.	337.	1,733.	14.	14,792.
11							7975089.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 5	,210,003.
13	First five years. If the Form 990 is fo	r the organization's					
	organization, check this box and stop	-			-		▶□
Se	ction C. Computation of Publ	lic Support Pe	rcentage				·
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	87.99 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	90.80 %
168	a 33 1/3% support test - 2014. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			<b>▶</b> X
k	o 33 1/3% support test - 2013. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation	•••••	*************************	
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstar	ces" test, check t	his box and <b>stop</b> h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
Ł	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir				•		
18							

Schedule A (Form 990 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-				}		
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that				,		
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organi	zation.
				=		
Section C. Computation of Publi			***************************************			
15 Public support percentage for 2014 (li			column (fl)		15	%
16 Public support percentage from 2013						
Section D. Computation of Inves					101	%
					4-7	
17 Investment income percentage for 20					1	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2014. If the						
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi:	zation	▶□
b 33 1/3% support tests - 2013. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organizatior	ı <b>&gt;</b>
20 Private foundation. If the organization						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
J 13 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1	103	
4	1. TA 1	
<del></del>	20011	
	::7: 1:	*****
2		
	77.75	
_		
3a		
	F. 200 Targe	e igendina in a
3b_		
3c		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
_		
77.7	::::::::::::::::::::::::::::::::::::::	(a. 122
	Maryal Maryal	
4a		
4b	17-03-03	1 12
13a 54		100
	17- 3-3 18-133 18-133 18-21-5	
	1000	,19.
z [?u]		4.635
40	1	
4c		
gradici di di	M 43 4	
1000	1.3863	1187
5a		
	Larg	
5b		
5c		<u> </u>
선생 폭설		
		101,43
ref wê		
refer fra		
6		
6	B 75.543	
6	B 75.543	
6	B 75.543	
6 7		
6 7		
6 7	B 75.543	
6 7 8		
6 7 8		
6 7 8		
7 8		
7 8		
7 8		
7 8 9a		
9a 9b		
9a 9b		
9a 9b		
9a 9b 9c		

Sche	edule A (Form 990 or 990-EZ) 2014 EDUCATION THROUGH MUSIC	, IN	C. 1	.3-3613210 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	<u> </u>	(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):			
<u> </u>	Average monthly value of securities	1a	4-	2.000, 2.000, 2.000
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	9.344.4		
	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		
Sect	tion 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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

الا حمامہ	dule A Course COO or COO EZ DOLLA EDITOR III ON IIII	OHOU MHOTO TN	· C 1	2 261201'N n /=
	dule A (Form 990 or 990-EZ) 2014 EDUCATION THR  Type III Non-Functionally Integrated 509			3-3613210 Page 7
	on D - Distributions	(a)(a) a appar and	(50)(11)(60)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	<u>-</u>
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 t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T	I	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	***************************************		Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			100 T m 15 T 1 T 100 T 1
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3_	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b				
<u> </u>				
d				
	From 2013			
	Total of lines 3a through e		Particular in the participation of the control of t	
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
 	Distributions for 2014 from Section D,			
4	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
5	Remaining underdistributions for years prior to 2014, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.		1	
8_	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

rt VI Supplement	al Information. Provide	the explanations req	uired by Part II, line 1	10; Part II, line 17a c	13-3613210 Pag or 17b; and Part III, line 12.
Also complete t	his part for any additional ir	formation. (See instru	ıctions).		
				- DECTE	
	- *****				
		-			
		*			
***************************************					
			· · · · · · · · · · · · · · · · · · ·		
	****				
***				••••	
, , , , , , , , , , , , , , , , , , ,					
	•				

# (Form 990, 990-EZ.

or 990-PF1 Department of the Treasury

Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Employer identification number

EDUCATION THROUGH MUSIC, INC. 13-3613210 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, Ine 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ > \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

13-3613210

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MEREDITH AND ROSEMARY WILLSON CHARITABLE FOUNDATION	600,000	Person X Payroli
	40 E. MAIN STREET #834  NEWARK, DE 19711	\$ 600,000.	Noncash [] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM AND MURIEL ELLIOTT FOUNDATION		Person X Payroll
	C/O BRYN MAWR TRUST CO 1 E HERSHEY, PA 17033	\$\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JEROME L. GREENE FOUNDATION  146 CENTRAL PARK WEST  NEW YORK, NY 10023	\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS  31 CHAMBERS STREET, 2ND FLOOR  NEW YORK, NY 10007	\$175,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	EMILY DAVIE AND JOESPH S. KORNFELD FOUNDATION  41 SCHERMERHORN STREET, SUITE 208  BROOKLYN, NY 11201	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BRODSKY FAMILY FOUNDATION 400 W. 59TH STREET NEW YORK, NY 10019	\$ 50,000.	Person X Payroll
	HER TORR, HI TOUTS		noncasii contributions.)

Name of organization

Employer identification number

13-3613210

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WEISSMAN FAMILY FOUNDATION  81 MANURSING WAY  RYE, NY 10580	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		· \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

# EDUCATION THROUGH MUSIC, INC.

13-3613210

	ash Property (see instructions). Use duplicate copies of P	,	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	4
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>*</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

DUCAT	ION THROUGH MUSIC, INC	•	13-3613210
art III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	ibutions to organizations described in ser olumns (a) through (e) and the following li s, charitable, etc., contributions of \$1,000 or less for	ction 501(c)(7), (8), or (10) that total more than \$1,000 for
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(-,,	(-)	(a) Decempled of Held girls held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
į		i	

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990. OMB No. 1545-0047

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

Inspection

Name of the organization Employer identification number EDUCATION THROUGH MUSIC. INC. 13-3613210 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part I Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 \_\_\_\_\_\_ > \$\_ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part Vill, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2014 EDUCATI	ON THROUGH	MUS	IC, IN	IC.		1	.3-36	1321°C	, Page <b>2</b>
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at are a sig	nificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	ı	Loan or exc	hange progr	ams				
b	Scholarly research	е	, [	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	ion's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	ollection?	,	· · · · · · · · · · · · · · · · · · ·		Yes	☐ No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	<b>gements.</b> Comple rt X, line 21.	ete if the	organizatio	n answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	ncluded			
	on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:			***************			
		·	_						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year	***************************************		***************************************		***************	1e			······································
f	Ending balance			**************	****************		1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or c	ustodial acco	ount liabilit	y?	Γ	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990. Part	IV. line 10			411	<u> </u>
		(a) Current year		rior year	(c) Two yea			ars back	(e) Four	vears hack
1a	Beginning of year balance		3:=2:		(5) 11.5 ) 5.0		<i>ay</i> 1111 05 ye	aro baon	(C) Tour	your o buok
b										
С	Net investment earnings, gains, and losses	****								
d	Grants or scholarships					*				
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses				-					
g	End of year balance									
2	Provide the estimated percentage of the cur		l dina t							
	Board designated or quasi-endowment			g, column (a	a)) neid as:					
a	Permanent endowment		_%							
b		%								
С	Temporarily restricted endowment									
0-	The percentages in lines 2a, 2b, and 2c should be the second and the second sec	•								
зa	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	e organiza	ation	Г	
	by:								<u> </u>	Yes No
	(i) unrelated organizations				••••••		• • • • • • • • • • • • • • • • • • • •		3a(i)	
_	(ii) related organizations				*****************				3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated eciation	t E	(d) Book	value
1a	Land									
b	Buildings									
c	Leasehold improvements			3	5,029.		29,18	7.	5	,842.
d	Equipment				5,871.		35,41			,459.
	Other	1			1,000.		22,21			,783.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur					<b></b>		,084.

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			A CONTROL OF THE PROPERTY OF T
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		# 100 cm

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 EDUCATION THROUGH MUSIC,			<u>13-3</u>	613210 Pa	ge <b>4</b>
Pai	TXI Reconciliation of Revenue per Audited Financial State		Revenue per F	leturn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line					
1	Total revenue, gains, and other support per audited financial statements		***************************************	1	<u>3,776,10</u>	18.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains (losses) on investments		-8,691.			
b	Donated services and use of facilities		32,400.			
c	Recoveries of prior year grants					
d	* *************************************					
e	Add lines 2a through 2d			2e	23,70	19.
3	Subtract line 2e from line 1			3	3,752,39	19.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b						_
С	***************************************			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,752,39	<u> 19.</u>
Ра	rt XII Reconciliation of Expenses per Audited Financial Stat		1 Expenses per	' Ketur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			1	<u>2,</u> 958,35	<u> 1.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	***************************************		32,400.			
b	Prior year adjustments					
C	***************************************		·			
d	, , , , , , , , , , , , , , , , , , , ,					
е				2e	32,40	
3	Subtract line 2e from line 1			3	2,925,95	<u> 1.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
a	***************************************			-		
b	7		1010000			
_C	***************************************			4c	0 005 05	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	2,925,95	<u>) l .</u>
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Part )	K, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforr	nation.			
TO 74.1	ол у ттыю Э.					
FA.	RT X, LINE 2:		*		<del></del>	
MΔ	NAGEMENT HAS EVALUATED ALL INCOME TAX PO	CTMTONC	AND CONCIL	מפתו	mitty m viv	
1.17.7.	WYODWIN HAD BANDONING THE LUCOWE INVESTIGATION	DITIONS	AND CONCIL	עפענ	INAI NO	—
DT:	SCLOSURES RELATING TO UNCERTAIN TAX POST	שור אוכ אם	E DECITORI	TNI	mue	
	Deligority Relating to one Minimin the topi	TIONS AN	E REQUIRE	7 111	Inb	
FI	NANCIAL STATEMENTS.					
	TARTOLISM PURILIFICATION					<del></del>
						<u> </u>

# SCHEDULE G

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a   Mail solicitations   e   Solicitation of powernment grants   b   Internet and email solicitations   f   Solicitation of government grants   c   Phore solicitations   g   Special fundraising events   d   In-person solicitations   2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes   No   No   No   No   No   No   No   N
a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser from activity  (iv) Gross receipts from activity  fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)
or entity (fundraiser)  or entity (fundraiser)  or control of contributions?  from activity  fundraiser  organization
Yes No.
Total  3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule G (Form 990 or 990-EZ) 20

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, Ines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CHILDREN'S ASSOCIATES' (add col. (a) through BENEFIT BENEFIT col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 416,517. 19,330. 54,886. 490,733. 2 Less: Contributions 331.907 11,734 54,886. 398,527. Gross income (line 1 minus line 2) 84,610. 7,596 92,206. 4 Cash prizes \_\_\_\_\_ Noncash prizes Direct Expenses 6 Rent/facility costs 79,534. 7 Food and beverages 79,534. 8 Entertainment Other direct expenses 5,076. 12,672. 10 Direct expense summary. Add lines 4 through 9 in column (d) 92,206. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, Ine 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) ..... 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 EDUCATION THROUGH MUSIC, INC.

Schedule G (Form 990 or 990-EZ) 2014

			<u> 210</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		res .	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	\	/es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□\	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:	· ·		
	Name ▶			
	Gaming manager compensation  \$			
	daming manager compensation   • • •			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	$\cdot$			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	🗀 🕥	V	
L	retain the state gaming license?	📖 ۱	res	∟ No
K	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Pа	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.	lings O	Ob 10	)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	iries 9, :	90, 10	

Schedule G	G (Form 990 or 990-EZ)	EDUCATION THROUGH	MUSIC,	INC.	13-3613210 Page 4
Part IV	Supplemental Info	EDUCATION THROUGH rmation (continued)			
				·····	
<del></del>					
				<u> </u>	
					· .
		·			

### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EDUCATION THROUGH MUSIC, INC.

Employer identification number 13-3613210

A Chock the appropriate box(ex) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, ine 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	Pa	rt I Questions Regarding Compensation			
Part VII, Section A, Ino 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel			F	Yes	No
First class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions Payments Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1a are chocked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 1b 1c		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the itoms checked in line 1a?  2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are chocked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  X. Compensation survey or study  X. Form 990 of other organizations  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment from, a supplemental nonqualified retirement plan?  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment from, an equity-based compensation arrangement?  4 During the year, did any person listed organization organization arrangement?  4 During the year, did any person listed organization and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the nevenues of:  a The organization?  5 A Y related organization?  6 A Y If "Yes" to line 6a or 6b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Se		Tax indemnification and gross-up payments  Health or social club dues or initiation fees	1.00		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b   1c   1c   1c   1c   1c   1c   1c		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee    Compensation committee   Written employment contract   Compensation   Co					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change of control payment?  Approval by the board or compensation committee  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Age  Participate in, or receive payment from, an equity-based compensation arrangement?  Age  Participate in, or receive payment from, an equity-based compensation arrangement?  Age  Participate in, or receive payment from, an equity-based compensation arrangement?  Age  Participate in, or receive payment from, an equity-based compensation arrangement?  Age  Participate in, or receive payment from, an equity-based compensation arrangement?  Age  Participate in, or receive payment from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Participate in, or receive payment from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Participate in, or receive payment in the payment in the payment i	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   Written employment contract   Independent compensation consultant   X. Compensation survey or study   X. Form 990 of other organizations   X. Approval by the board or compensation committee   Approval by the poard or compensation or a related organization:   Approval by the board or compensation or a related organization:   Approval by the part of the presence of the part of the participate in, or receive payment from, as supplemental nonqualified retirement plan?   Approval by the participate in, or receive payment from, as explemental nonqualified retirement plan?   Approval by the part III.   Approval by the participate in, or receive payment from, an equity-based compensation arrangement?   Approval by the part III.   Approv	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  X. Compensation survey or study  X. Form 990 of other organizations  X. Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  b Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  5 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 Participate in, or receive payment from, an equity-based compensation arrangement?  8 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  9 Participate in the net earnings of:  9 Participate in the payment in the p		trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  X. Compensation survey or study  X. Form 990 of other organizations  X. Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  b Participate in, or receive payment from, an equity-based compensation arrangement?  c Participate in, or receive payment from, an equity-based compensation arrangement?  d C X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a X  b Any related organization?  1f "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  b Any related organization?  7 Y X  Were any amounts reported in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 X  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			321343		E
establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   Written employment contract     Independent compensation consultant   X Compensation survey or study     X Form 990 of other organizations   X Approval by the board or compensation committee     During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:   Receive a severance payment or change-of-control payment?   4a	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   Written employment contract     Independent compensation consultant   X Compensation survey or study     X Form 990 of other organizations   X Approval by the board or compensation committee     During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:   Receive a severance payment or change-of-control payment?   4a		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
Compensation committee				100000000000000000000000000000000000000	
Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  fi "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Fegulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Fegulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" to line 8a or 6b, describe in Part III B.				7-10-	
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  5b X  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					200
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  5 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 Participate in, or receive payment from, an equity-based compensation arrangement?  8 Participate in, or receive payment from, an equity-based compensation arrangement?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  9 Participate in, or receive payment plan?  9 Participate in, or receive payment plan?  9 Participate in, or receive payment plan?  9 Participate in, or receive pay					Name of
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a X  b Any related organization?  1f "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  b Any related organization?  1f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		,,,,,,			
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, clid the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	4	During the year, did any person listed in Form 990. Part VII. Section A. line 1a, with respect to the filing	1775-72		
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d					
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5a X  b Any related organization?  5b X  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  b Any related organization?  6b X  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а	Paralle a suprement an about a faculty 1	42	- 3	X
c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  The organization?  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  For Person b, did the organization also follow the rebuttable presumption procedure described in					X
If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  In "Yes," to line 8, did the organization also follow the rebuttable presumption procedure described in  In "Yes," to line 8, did the organization also follow the rebuttable presumption procedure described in					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			10		
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  fi "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  fi "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  I "Yes," describe in Part III.  B X  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		are the series of the series o			
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  fi "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  fi "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  I "Yes," describe in Part III.  B X  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9			
contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5		77		
a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X					
b Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а		59	111111111111111111111111111111111111111	X
If "Yes" to line 5a or 5b, describe in Part III.  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-				
contingent on the net earnings of:  a The organization?  b Any related organization?  f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	6				
a The organization? b Any related organization? f "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	•		NEW.	/:	
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	а		60		¥
If "Yes" to line 6a or 6b, describe in Part III.  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Amendated and the Control of the Con			
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	~		- 00		72
not described in lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	7				
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	•		7		Y
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	R				<u> </u>
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5		0	1-2-3	
	a		0		
Regulations section 53.4958-6(c)?	J	Regulations section 53.4958-6(c)?	0	MARYE.	1.21.21.21.2

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base (ii) Bonus compensation incentive compensati		(iii) Other reportable compensation	compensation	Denents	(5)(1)-(2)	reported as deferred in prior Form 990	
(1) KATHERINE DAMKOHLER	(i)	151,753.	0.	0.	0.	2,914.	154,667.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(1)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)				-				
	(i) (ii)								
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(i)					<del></del>			
	(ii)								
	(1)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2014	EDUCATION THROUGH MUSIC,	INC.	13-3613210	Page 3
Part III Supplemental Information	on			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3,	, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part	t II. Also complete this part for any additional information.	33
				ند

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

EDUCATION THROUGH MUSIC, INC.

Employer identification number 13-3613210

Par	Types of Property					<u> </u>
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	
1	Art - Works of art		itemo denginarea	TOTTE SOO, T dat VIII, III to 19		
2	Art - Historical treasures					
3	Art - Fractional interests			11.00		
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property			****		
9	Securities - Publicly traded	Х	7	57,538.	FAIR MARKET	VALUE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					<del> </del>
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					····
16	Real estate - Commercial					.,,
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other • ()					
26	Other • ()					
27	Other ()					
28	Other (		""-			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions		
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		
						Yes No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it	
	must hold for at least three years from the dat	e of the initia	al contribution, and	I which is not required to be	used for	
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31 X
32a	Does the organization hire or use third parties				***************************************	
	contributions?					32a X
b	If "Yes," describe in Part II.	*********				
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,	
	describe in Part II.		,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form 990) (2014)

432141 08-12-14

checiate Mi orm 990 (2014 EDUCATION THROUGH MUSIC). INC. 13.3-61,3210 Page 2 Part III Supplemental Information. Provide the information required by Part I, Inc. 900, 2014, and S3, and whether the requirement is reporting in Part I, column (b), the number of contributions, the number of literas received, or a combination of both. Also complete tritis part for any additional information.	Schedule M	(Form 990) (2014)	EDUCATION	THROUGH	MUSIC,	INC.		<u> 13-36132</u>	210 Pa	ge <b>2</b>
	Part II	is reporting in Part	: I, column (b), the nu	ımber of contrib	nation required outions, the nu	l by Part I, line mber of items	s 30b, 32b, and 33, received, or a comb	, and whether the pination of both. A	organization Also complete	•
							•"			
	•									
								<u></u>		
			***************************************							
				****						
		***								
		1100-1000								
										****
						<del>"" \</del>				
			•							
				*********						
		<del></del>	4 4 5 5 4 1			187181-913918				
					• ***				,	
	<del></del>									

432142 08-12-14

Schedule M (Form 990) (2014)

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.

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

OMB No. 1545-0047 Open to Public

Inspection

EDUCATION THROUGH MUSIC.

Employer identification number

INC. 13-3613210 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION AVAILABLE TO ALL CHILDREN. EDUCATION THROUGH MUSIC WAS FORMED TO PROMOTE THE USE OF MUSIC AND OTHER ARTS IN INNER-CITY SCHOOLS AND SCHOOLS IN DISADVANTAGED AREAS, AS A MEANS OF ENHANCING STUDENTS' ACADEMIC PERFORMANCE AND GENERAL DEVELOPMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUBJECT TO 20,000 CHILDREN IN NEW YORK CITY, AND ETM ASSISTED OTHER ORGANIZATIONS IN IMPROVING THEIR OWN ACTIVITIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRESS FIRSTHAND. THE PROGRAM EVALUATION FOR THE 2014-15 SCHOOL YEAR PROVIDES EVIDENCE THAT ETM HAS CONTINUED TO IMPROVE STUDENTS' MUSIC SKILLS, SUPPORT THEIR ACADEMIC ACHIEVEMENT, AND ENHANCE THEIR GENERAL DEVELOPMENT. ETM ALSO HELPED BRING QUALITY MUSIC EDUCATION TO THOUSANDS OF ADDITIONAL CHILDREN THROUGH ADVISING A LICENSED AFFILIATE IN LOS ANGELES. PROGRAM EXPANSION AND IMPROVEMENTS: IN SEPTEMBER, ETM BEGAN NEW PARTNERSHIPS WITH 12 SCHOOLS. ENHANCEMENTS TO CONTINUING PROGRAMS INCLUDED THE STRENGTHENING OF ELECTIVE ENSEMBLE PROGRAMS AT 18 SCHOOLS AND WE ALSO ADDED BAND AND ORCHESTRA PROGRAMS AT SIX SCHOOLS. WE ENHANCED EXISTING SCHOOL PARTNERSHIPS BY EXPANDING CHORUS PROGRAMS TO 21 SCHOOLS. THESE PROGRAMS ENGAGED OVER 1,300 PARTICIPATING STUDENTS. OUR PROGRAM STAFF PILOTED NEW SOFTWARE TO IMPROVE COMMUNICATION WITH MUSIC TEACHERS AROUND LESSON PLANNING AND

432211 08-27-14

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

CONCERTS FOR FAMILY AND COMMUNITY MEMBERS. SEVERAL SCHOOLS ALSO HELD ADDITIONAL PERFORMANCE OPPORTUNITIES FOR SPECIAL OCCASIONS AND AROUND THE COMMUNITY.

AT 18 SCHOOLS, ETM SUPPLEMENTED THE CORE GENERAL MUSIC PROGRAMMING WITH Schedule O (Form 990 or 990-EZ) (2014) EDUCATION THROUGH MUSIC, INC.

Employer identification number 13-3613210

ELECTIVE STRING ORCHESTRA AND/OR BAND, TO PROVIDE STUDENTS WITH

OPPORTUNITIES TO LEARN AN INSTRUMENT AND PLAY IN ENSEMBLES. ETM

ARRANGED FOR A VARIETY OF VISITING ARTIST CONCERTS AT PARTNER SCHOOLS.

ETM ALSO CONTINUED ITS LONGSTANDING RELATIONSHIP WITH THE USDAN CENTER

FOR THE CREATIVE AND PERFORMING ARTS, WHICH AGAIN OFFERED SUMMER CAMP

SCHOLARSHIPS TO 16 ENTHUSIASTIC STUDENTS FROM ETM PARTNER SCHOOLS.

TRAINING AND PROFESSIONAL DEVELOPMENT:

ETM'S TRAINING AND PROFESSIONAL DEVELOPMENT TARGETED MUSIC TEACHERS,

CLASSROOM TEACHERS AND PRINCIPALS, TO PROMOTE QUALITY INSTRUCTION AND

TO INCREASE UNDERSTANDING OF HOW ARTS EDUCATION CAN SUPPORT SCHOOL

IMPROVEMENT.

THE "ETM ACADEMY" PROVIDED AN INTENSIVE MULTI-DAY TRAINING AND

PROFESSIONAL DEVELOPMENT TO MUSIC TEACHERS PRIOR TO THE START OF THE

SCHOOL YEAR, FOLLOWED BY EVENING SESSIONS DURING SEPTEMBER AND OCTOBER,

FULL-DAY WORKSHOPS IN NOVEMBER, JANUARY AND APRIL, AND A NEW SET OF

AFTERNOON SESSIONS IN JANUARY AND FEBRUARY. WORKSHOP TOPICS INCLUDED:

CLASSROOM STRUCTURE AND MANAGEMENT, LESSON PLANNING, TEACHER

EVALUATION, GRADE-LEVEL BENCHMARKS AND COMMON CORE, CURRICULUM MAPPING,

INTEGRATION, AND ASSESSMENT. ETM PROVIDED EACH MUSIC TEACHER WITH

RESOURCES INCLUDING SONGBOOKS, LESSON IDEAS, AND CUSTOMIZED LESSON

PLANNERS AND GRADE BOOKS. ETM REINFORCED THE FORMAL WORKSHOPS THROUGH

MONTHLY OBSERVATIONS AND ONE-ON-ONE MENTORING.

ETM IMPLEMENTED ACADEMIC TEACHER PROFESSIONAL DEVELOPMENT (PD)

SESSIONS, TO BUILD SUPPORT FOR MUSIC EDUCATION, OFFERING EACH PRINCIPAL

A CHOICE OF TOPICS. WORKSHOPS AIMED TO PROVIDE ACADEMIC CLASSROOM

TEACHERS WITH CONCRETE EXAMPLES OF HOW MUSIC LESSONS CAN SUPPORT WHAT

THEY ARE TRYING TO DO IN THE "RECHAR" CLASSROOM

THEY ARE TRYING TO DO IN THE "REGULAR" CLASSROOM.
432212
08-27-14

ETM'S EXECUTIVE DIRECTOR AND DIRECTOR OF PROGRAMS WORKED WITH EACH PRINCIPAL THROUGH INDIVIDUAL MEETINGS, ONGOING COMMUNICATION, AND SITE VISITS, TO DISCUSS PROGRAM MANAGEMENT, ASSESSMENT, AND LONG-TERM PLANNING. WE HELD A GROUP PRINCIPAL MEETING IN MARCH TO REVIEW SUCCESSES AND CHALLENGES, PROGRAM TRENDS AND GOALS, AND ALLOW PRINCIPALS TO SHARE WITH ONE ANOTHER.

BUILDING CAPACITY TO SUSTAIN PROGRAMS:

EACH PARTNER SCHOOL PROVIDED SOME LEVEL OF FINANCIAL SUPPORT FOR THEIR MUSIC PROGRAMS, WITH 16 OF 24 CONTINUING PARTNER SCHOOLS INCREASING THEIR DIRECT FINANCIAL COMMITMENT FROM 2013-14 TO 2014-15. FOUR CONTINUING PARTNER SCHOOLS HIRED ETM MUSIC TEACHERS TO SCHOOL STAFF IN THE FALL OF 2014, AND ONE MORE WAS HIRED MID-YEAR. WHEN SCHOOLS EMPLOY MUSIC TEACHERS, THE NUMBER OF ETM-EMPLOYED MUSIC TEACHERS NECESSARY TO IMPLEMENT A SCHOOL-WIDE PROGRAM IS REDUCED, WHILE STILL ENSURING THAT EVERY CHILD RECEIVES MUSIC AS A CORE SUBJECT. THIS IS IN LINE WITH ETM'S GOAL OF HELPING SCHOOLS BUILD MUSIC EDUCATION SERVICES INTO THEIR OWN BUDGETS OVER TIME. (ETM INVOLVED SCHOOL-EMPLOYED MUSIC TEACHERS IN TRAINING ACTIVITIES ALONGSIDE ETM-EMPLOYED MUSIC TEACHERS).

#### **EVALUATION:**

ETM CONDUCTED YEAR-END MUSIC SKILLS ASSESSMENTS OF STUDENTS, AND SURVEYS OF CLASSROOM TEACHERS, MUSIC TEACHERS AND PRINCIPALS. PROGRAM STAFF MEMBERS CONDUCTED MONTHLY SITE VISITS TO EACH SCHOOL AND MUSIC TEACHER; OBSERVED AND EVALUATED MUSIC TEACHERS USING A WRITTEN RUBRIC. ETM COLLECTED MUSIC TEACHERS' LESSON PLANNERS AND REVIEWED CONTENT TO IDENTIFY STRONG LESSONS TO BUILD OUR RESOURCES, AND TO HELP IN PLANNING FOR THE NEXT SCHOOL YEAR. ETM MAINTAINED ONGOING COMMUNICATION WITH 432212 08-27-14

\*STUDENTS IN LONGTIME ETM PARTNER SCHOOLS EARNED HIGHER SCORES ON THE NEW YORK STATE MATH AND ENGLISH LANGUAGE ARTS ASSESSMENTS COMPARED TO STUDENTS IN PEER SCHOOLS (SCHOOLS SERVING SIMILAR DEMOGRAPHIC POPULATIONS).

FULL REPORTS ARE AVAILABLE AT WWW.ETMONLINE.ORG/EVALUATION

BEYOND OUR PARTNER SCHOOLS:

BEYOND OUR CORE NEW YORK CITY ACTIVITIES, WE CONTINUED TO ADVISE

ETM-LA, AN ORGANIZATION LICENSED SINCE 2006 TO REPLICATE OUR FULL

PARTNER SCHOOL MODEL IN THE LOS ANGELES COMMUNITY. WE WORKED WITH THE

NYCDOE ON A NEW PROFESSIONAL DEVELOPMENT INITIATIVE, TO PROVIDE

SESSIONS TO MUSIC TEACHERS AND SOCIAL STUDIES TEACHERS. THESE

ACTIVITIES HELPED OTHERS TO IMPROVE THEIR OWN SERVICES TO BENEFIT

ADDITIONAL CHILDREN, AND ALSO ALLOWED US TO FOCUS ON THE SUCCESSES AND

CHALLENGES OF OUR OWN IMPLEMENTATION, TO IMPROVE OUR CORE PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT 990 PREPARED BY OUR ACCOUNTANTS WAS CIRCULATED TO THE DIRECTOR OF OPERATIONS, TREASURER, AND EXECUTIVE DIRECTOR FOR REVIEW BEFORE FILING. THE DIRECTOR OF OPERATIONS AND TREASURER REVIEWED THE DOCUMENT AND RECOMMENDED CORRECTIONS AND CHANGES TO THE EXECUTIVE DIRECTOR. APPROVED CHANGES WERE DIRECTED TO OUR ACCOUNTANTS. AFTER RECEIVING A REVISED COPY, THE 990 WAS SIGNED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTOR OF OPERATIONS, WHO HAS NO VOTING RIGHTS OR POWER TO

INDEPENDENTLY CREATE TRANSACTIONS, MONITORS TRANSACTIONS FOR CONFLICTS

ARISING AMONG STAFF OR BOARD AND REPORTS POSSIBLE CONFLICTS TO THE

EXECUTIVE DIRECTOR OR BOARD AS APPROPRIATE. BOARD MEMBERS ARE SURVEYED

ANNUALLY AND REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST. THE

BOARD'S EXECUTIVE COMMITTEE DETERMINES WHETHER CONFLICTS EXIST. PERSONS

WITH CONFLICTS MAY NOT VOTE OR DECIDE ON RELATED TRANSACTIONS.

Form 8868 (Rev. 1-2014)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month E</li> </ul>					<b>&gt;</b> X
Note. Only complete Part II if you have aiready been granted an			iled Form 8	3868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, complemental.</li> <li>Additional (Not Automatic) 3-Month I</li> </ul>		, , ,	al (no oo	nice need	lod)
Additional (Not Automatio) o Month	LATORISIO	· · · · · · · · · · · · · · · · · · ·	•	<del></del>	ee instructions
Type or Name of exempt organization or other filer, see instr	uctions	Entermers	I		n number (EIN) or
print print	40000113.		Litipioyo	ide ranoualo	Triamber (Ent) or
File by the EDUCATION THROUGH MUSIC, IN	IC.			13-361	13210
due date for filing your Number, street, and room or suite no. If a P.O. box,		tions.	Social sec	curity numbe	er (SSN)
return. See 122 EAST 42ND STREET, NO. 1	.501				
instructions. City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions.			
NEW YORK, NY 10168-1503					
					[0]1]
Enter the Return code for the return that this application is for (f	ile a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For	Code	ls For			Code
Form 990 or Form 990-EZ	01			= -	
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a pre	viously file	d Form 886	8.
• The books are in the care of ▶ 122 EAST 42ND		IRECTOR OF OPERATI		XTXZ 10:	160
	SIVEE	T KOOM TOOT - MEM	TOKK,	NI IU.	100
		FN- N			
Telephone No. > 212-972-4788	aga in tha lite	Fax No.			▶ □
If the organization does not have an office or place of busine		nited States, check this box			Croup, check this
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digital</li> </ul>	it Group Exe	nited States, check this box emption Number (GEN)	If this is for	the whole g	
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> </ul>	it Group Exe	nited States, check this box emption Number (GEN) ach a list with the names and EINs o	If this is for	the whole g	
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>If request an additional 3-month extension of time until</li> </ul>	it Group Exe and atta JULY	nited States, check this box emption Number (GEN) ach a list with the names and EINs c	If this is for If all memb	the whole g	nsion is for.
If the organization does not have an office or place of busine     If this is for a Group Return, enter the organization's four digition	it Group Exe and atta JULY SEP 1	nited States, check this box emption Number (GEN) ach a list with the names and EINs control 15, 2016, and ending	If this is for If all memb	the whole gers the exter	nsion is for.
If the organization does not have an office or place of busine     If this is for a Group Return, enter the organization's four digition	it Group Exe and atta JULY SEP 1	nited States, check this box emption Number (GEN) ach a list with the names and EINs control 15, 2016, and ending	If this is for f all memb	the whole gers the exter	nsion is for.
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months, Change in accounting period</li> <li>State in detail why you need the extension</li> </ul>	it Group Exe and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs contract the state of	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> </ul>	it Group Exe and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs contract the state of	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months, Change in accounting period</li> <li>State in detail why you need the extension</li> </ul>	it Group Exe and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs contract the state of	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> </ul>	it Group Exe and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs contract the state of	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> </ul>	it Group Exe and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs contract the state of	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> </ul>	it Group Exe and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs contract the state of	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning _</li> <li>If the tax year entered in line 5 is for less than 12 months, Change in accounting period</li> <li>State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE RETURN.</li> </ul>	it Group Exc and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs of 15, 2016, and ending the properties on: Initial return  LE THE INFORMATION	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning _</li> <li>If the tax year entered in line 5 is for less than 12 months, Change in accounting period</li> <li>State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE RETURN.</li> </ul>	it Group Exc and atta JULY SEP 1 check reas	nited States, check this box emption Number (GEN) ach a list with the names and EINs of 15, 2016, and ending the properties on: Initial return  LE THE INFORMATION	If this is for of all membring AUG Final ro	the whole gers the exter 31, 20 eturn SSARY	nsion is for.  015  TO
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> </ul>	it Group Excelled and atta JULY SEP 1 check reas COMPI	emption Number (GEN) emption Number (GEN) each a list with the names and EINs of 15, 2016 , 2014 , and endirections initial return  LE THE INFORMATION enter the tentative tax, less any	if this is for f all memb ng AUG Final r	the whole gers the exter 31, 20 eturn	015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> </ul> 8a If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 606	it Group Exc and atta JULY SEP 1 check reas  COMPT  10, or 6069,	emption Number (GEN) emption Number (GEN) ach a list with the names and EINs of 15, 2016 , 2014 , and endirections.  Initial return  LE THE INFORMATION enter the tentative tax, less any y refundable credits and estimated	If this is for of all membring AUG Final ro	the whole gers the exter 31, 20 eturn SSARY	nsion is for.  015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digitabox</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> </ul>	it Group Exc and atta JULY SEP 1 check reas  COMPT  10, or 6069,	emption Number (GEN) emption Number (GEN) ach a list with the names and EINs of 15, 2016 , 2014 , and endirections.  Initial return  LE THE INFORMATION enter the tentative tax, less any y refundable credits and estimated	If this is for of all membring AUG Final ro	the whole gers the exter 31, 20 eturn SSARY	nsion is for.  015
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> </ul> 8a If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment as a second prior year overpayment as a secon	it Group Exc and atta JULY SEP 1 check reas  COMPT  20, or 6069, 69, enter an allowed as a	emption Number (GEN) emption Number (GEN) ach a list with the names and EINs of 15, 2016 , 2014 , and endirections.  Initial return  LE THE INFORMATION enter the tentative tax, less any yrefundable credits and estimated a credit and any amount paid	If this is for of all membring AUG Final roll NECE	the whole gers the exter 31, 20 sturn SSARY	nsion is for.  015  TO
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> <li>If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.</li> <li>If this application is for Forms 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment apreviously with Form 8868.</li> <li>Balance due. Subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract lin</li></ul>	it Group Exc and atta JULY SEP 1 check reas  COMPT  0, or 6069, 69, enter an allowed as a payment wit tructions.	enter the tentative tax, less any y refundable credits and asymmetry and any amount paid the this form, if required, by using	If this is for of all membring AUG Final roll NECE	the whole gers the exter 31, 20 sturn SSARY	nsion is for.  015  TO
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> <li>If this application is for Forms 990-BL, 990-PF, 990-T, 472</li> <li>nonrefundable credits. See instructions.</li> <li>If this application is for Forms 990-PF, 990-T, 4720, or 606</li> <li>tax payments made. Include any prior year overpayment apreviously with Form 8868.</li> <li>Balance due. Subtract line 8b from line 8a. Include your performance of the properties of the payment System. See instructions.</li> </ul>	it Group Exc and atta JULY SEP 1 check reas  COMPT  O, or 6069, 69, enter an allowed as a payment wittructions. atton mu:	emption Number (GEN) emption Number (GEN) end a list with the names and EINs of 15, 2016 , 2014 , and endirection. Initial return  LE THE INFORMATION enter the tentative tax, less any yrefundable credits and estimated a credit and any amount paid the this form, if required, by using st be completed for Part II.	if this is for all membring AUG Final re  NECE  8a  8b  8c  only.	sthe whole gers the exter 31, 20 seturn SSARY starts	0. 0.
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> <li>If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.</li> <li>If this application is for Forms 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment apreviously with Form 8868.</li> <li>Balance due. Subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract line 8b from line 8a. Include your performance in the subtract lin</li></ul>	it Group Exc and atta JULY SEP 1 check reas  COMPT  O, or 6069, 69, enter an allowed as a payment wittructions. ation musualing accompuding accompuding accomp	emption Number (GEN) emption Number (GEN) end a list with the names and EINs of 15, 2016 , 2014 , and endirection. Initial return  LE THE INFORMATION enter the tentative tax, less any yrefundable credits and estimated a credit and any amount paid the this form, if required, by using st be completed for Part II.	if this is for all membring AUG Final re  NECE  8a  8b  8c  only.	sthe whole gers the exter 31, 20 seturn SSARY starts	0. 0.
<ul> <li>If the organization does not have an office or place of busine</li> <li>If this is for a Group Return, enter the organization's four digition</li> <li>If it is for part of the group, check this box</li> <li>I request an additional 3-month extension of time until</li> <li>For calendar year, or other tax year beginning</li> <li>If the tax year entered in line 5 is for less than 12 months,</li> <li>Change in accounting period</li> <li>State in detail why you need the extension</li> <li>ADDITIONAL TIME IS NEEDED TO</li> <li>COMPLETE THE RETURN.</li> <li>If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.</li> <li>If this application is for Forms 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment apreviously with Form 8868.</li> <li>Balance due. Subtract line 8b from line 8a. Include your performance of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this</li> </ul>	and atta JULY SEP 1 check reas  COMPT  O, or 6069,  99, enter an allowed as a payment wittructions.  ation musuding accomplorm.	emption Number (GEN) emption Number (GEN) end a list with the names and EINs of 15, 2016 , 2014 , and endirection. Initial return  LE THE INFORMATION enter the tentative tax, less any yrefundable credits and estimated a credit and any amount paid the this form, if required, by using st be completed for Part II.	if this is for all membring AUG Final re  NECE  8a  8b  8c  only.	sthe whole gers the exter 31, 20 eturn SSARY statement s	0. 0.

Product : Name:

Exempt Extension

EDUCATION THROUGH MUSIC, INC.

\*\*\*\*\*3210

FEIN: Fiscal Year Begin Date: 9/1/2014 Category:

Additional Extension

IRS Center:

e-PostMark:

3/15/2016 12:00:00 AM

Notification:

Fiscal Year End Date: 8/31/2015

Date 3/17/2016	Type of Activity Upload Started	Submission ID sale as a	Updated By   Refund/(Dyra)
3/17/2016	Ready to Release by Customer		
3/17/2016	Released for Transmission - Validation in Progress		759420
3/17/2016	Ready to transmit - Validation Complete		
3/17/2016	Transmitted to FD - Additional Extension	1333212016077034ee09	
3/17/2016	Accepted by FD - Additional Extension on 3/17/2016		

# Form **8868** (Rev. Jánuary 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.rs.gov/form8868.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, compl				► X
	re filing for an Additional (Not Automatic) 3-Month E				
	nplete Part II unless you have already been granted				
	c filing (e-file). You can electronically file Form 8868 if				
•	o file Form 990-T), or an additional (not automatic) 3-m				
	file any of the forms listed in Part I or Part II with the e				
	Benefit Contracts, which must be sent to the IRS in pa	•	(see instructions). For more details	on the electronic hing of th	is form,
Part I	is.gov/efile and click on e-file for Charities & Nonprofit  Automatic 3-Month Extension of Tim		submit original (no copies n	eeded)	
<u> </u>	tion required to file Form 990-T and requesting an auto				<del>,</del>
Part Lonly				•	
-	orporations (including 1120-C filers), partnerships, REi		·	· ·	<b>P</b> —
	me tax returns.	moo, and t		Enter filer's identifying n	umber
Type or	Name of exempt organization or other filer, see instr	uctions.		Employer identification nu	
print	, tai, to d. o.to, tip t or gainess and an an an analysis of			1 ., , , , , , , , , , , , , , , , , , ,	
}	EDUCATION THROUGH MUSIC, I	NC.		13-3613	210
File by the due date for	Number, street, and room or suite no. If a P.O. box,		tions.	Social security number (S	SN)
filing your	122 EAST 42ND STREET, NO.				
return, See instructions,	City, town or post office, state, and ZIP code. For a	foreign ado	dress, see instructions.		
	NEW YORK, NY 10168-1503				
Enter the I	Return code for the return that this application is for (f	ile a separa	ite application for each return)	***********************************	0 1
	white mentals are transferred.	~		1610 881-0481-0-141-0-1	
Application	oń	Return	Application		Return
ls For		Code	Is For	<u></u>	Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-		02	Form 1041-A		08
	O (individual)	03	Form 4720 (other than individual)	)	09
Form 990-		04	Form 5227		10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870	TOSTA	1 12
<b>▲</b> Th. b.	oks are in the care of   RAINAH BERLOWI  122 EAST 42ND		IRECTOR OF OPERAT		٥
	one No. > 212-972-4788	SIKEE	Fax:No. ►	TORK, NY TOTO	3
	rganization does not have an office or place of business	ee in tha Llr			
If this is	s for a Group Return, enter the organization's four digit	ss in the Oi LGroup Ev	emotion Number (GEM)	If this is far the whole every	السا
box ►	If it is for part of the group, check this box				
	uest an automatic 3-month (6 months for a corporation				TIS TOF.
, ,,,,,,	APRIL 15, 2016 , to file the exem		· ·		
is fo	r the organization's return for:	r	, and the organization (lan	1100 000101	
▶[	calendar year or				
▶[]	X tax year beginning SEP 1, 2014	, an	ed ending AUG 31, 201!	5 .	
2 If the	e tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final return	
	Change in accounting period	······································			
	s application is for Forms 990-BL, 990-PF, 990-T, 472	O, or 6069,	enter the tentative tax, less any		-
	refundable credits. See instructions.			3a \$	0.
	s application is for Forms 990-PF, 990-T, 4720, or 606				
	nated tax payments made. Include any prior year over			3b \$	0.
c Bala	ince due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,		
by u	sing EFTPS (Electronic Federal Tax Payment System).	See Instru	ctions.	3c \$	0.
Caution. If	f you are going to make an electronic funds withdrawa s.	l (direct del	bit) with this Form 8868, see Form	8453-EO and Form 8879-EO	for payment
LHA For 423841 05-01-14	r Privacy Act and Paperwork Reduction Act Notice	, see instru	uctions.	Form <b>8868</b> (	(Rev. 1-2014)

Product: Exempt Extension

Category:

IRS Center: Ogden

Name: EDUCATION THROUGH MUSIC,

INC.

FEIN: \*\*\*\*\*3210

Fiscal Year Begin Date: 9/1/2014

e-Postmark: 12/22/2015 3:28:56 PM

Notification:

eSigned:

Return H	istory				
DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/ (DUE)	eSign Date
12/22/2015	Upload Started				
12/22/2015	Ready to Release by Customer				
12/22/2015	Released for Transmission - Validation in Progress		759420		
12/22/2015	Ready to transmit - Validation Complete				
12/22/2015	Transmitted to FD	1333212015356033ce23			
12/22/2015	Accepted by FD on 12/22/2015				

Fiscal Year End Date: 8/31/2015