

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2010** calendar year, or tax year beginning **MAR 1, 2010** and ending **FEB 28, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSIC FOR ALL, INC.		D Employer identification number 36-3413042
	Doing Business As		E Telephone number 317-636-2263
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	39 WEST JACKSON PLACE		150
City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46225		G Gross receipts \$ 5,322,546.	
F Name and address of principal officer: ERIC MARTIN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: WWW.MUSICFORALL.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: IN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MUSIC FOR ALL'S MISSION IS TO CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING (CONT'D ON SCH O)	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	32
	6 Total number of volunteers (estimate if necessary)	1050
	7a Total unrelated business revenue from Part VIII, column (C), line 12	33,129.
7b Net unrelated business taxable income from Form 990-T, line 34	-6,803.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 111,623. Current Year: 98,509.
	9 Program service revenue (Part VIII, line 2g)	4,126,199. 4,001,325.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-19,119. 1,170.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,096,356. 1,029,095.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,315,059. 5,130,099.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,335,573. 1,275,087.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 280,934.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,775,769. 4,081,186.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,111,342. 5,356,273.	
19 Revenue less expenses. Subtract line 18 from line 12	203,717. -226,174.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,810,039. End of Year: 1,818,533.
	21 Total liabilities (Part X, line 26)	2,009,659. 2,244,327.
	22 Net assets or fund balances. Subtract line 21 from line 20	-199,620. -425,794.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	ERIC MARTIN, PRESIDENT AND CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ANITA W. SHERMAN, CPA		
Paid Preparer Use Only	Firm's name ▶ GREENWALT CPAS, INC.	Firm's EIN ▶	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶ 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224	Phone no. 317-241-2999	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: MUSIC FOR ALL'S MISSION IS TO CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING EXPERIENCES THROUGH MUSIC FOR ALL. THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES INCLUDE THE PRESENTATION OF EDUCATIONAL ACTIVITIES FOR MUSIC STUDENTS AND TEACHERS. MAJOR PROGRAMS INCLUDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,192,972. including grants of \$) (Revenue \$ 1,127,025.) MUSIC FOR ALL NATIONAL FESTIVAL, INCLUDING NATIONAL CONCERT BAND FESTIVAL, SANDY FELDSTEIN NATIONAL PERCUSSION FESTIVAL, ORCHESTRA AMERICA NATIONAL FESTIVAL, HONOR BAND OF AMERICA, HONOR ORCHESTRA OF AMERICA, AND JAZZ BAND OF AMERICA, INDIANAPOLIS, INDIANA - NATIONAL FESTIVAL FOR MIDDLE SCHOOL AND HIGH SCHOOL BANDS, ORCHESTRAS, AND PERCUSSION ENSEMBLES INCULDING 3 NATIONAL HONOR ENSEMBLES. 1,628 STUDENTS AND 64 TEACHERS SERVED.

4b (Code:) (Expenses \$ 990,714. including grants of \$) (Revenue \$ 809,043.) MUSIC FOR ALL SUMMER SYMPOSIUM, NORMAL, IL, ILLINOIS STATE UNIVERSITY - NATIONAL MUSIC CAMP FOR INSTRUMENTAL MUSIC STUDENTS AND TEACHERS. CURRICULUM OPTIONS INCLUDE DIRECTOR ACADEMY, MIDDLE SCHOOL/YOUNG TEACHER TRAINING, MARCHING BAND, JAZZ BAND, CONCERT BAND, DRUM MAJOR ACADEMY, COLOR GUARD, PERCUSSION, ORCHESTRA, AND LEADERSHIP TRAINING. 976 STUDENTS AND 176 TEACHERS SERVED.

4c (Code:) (Expenses \$ 857,265. including grants of \$) (Revenue \$ 1,301,577.) BANDS OF AMERICA GRAND NATIONAL CHAMPIONSHIPS, INDIANAPOLIS, INDIANA, LUCAS OIL STADIUM - NATIONAL CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS AND LEADERSHIP WORKSHOP. 12,810 STUDENTS FROM 93 SCHOOLS SERVED.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,499,785. including grants of \$) (Revenue \$ 1,831,007.)

4e Total program service expenses 4,540,736.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN, IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
NANCY CARLSON - 317-636-2263
39 WEST JACKSON PLACE ST. #150, INDIANAPOLIS, IN 46225

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. GAYL DOSTER CHAIRMAN	11.00	X					0.	0.	0.	
L. SCOTT MCCORMICK PRIOR PRESIDENT/CEO	50.00	X		X			162,753.	0.	9,441.	
BRUCE PAYNTER DIRECTOR	4.00	X					0.	0.	0.	
MATTHEW B. CARTER DIRECTOR	4.00	X					0.	0.	0.	
ERIC L. MARTIN PRESIDENT/CEO	50.00	X		X			148,292.	0.	6,897.	
PATRICK BURLEY DIRECTOR	4.00	X					0.	0.	0.	
MICHAEL KUMER DIRECTOR	4.00	X					0.	0.	0.	
JAMES BICKEL DIRECTOR	4.00	X					0.	0.	0.	
MARLENE MILLER DIRECTOR	4.00	X					0.	0.	0.	
DOUG PILERI DIRECTOR	4.00	X					0.	0.	0.	
CHUCK SPRINGER DIRECTOR	4.00	X					0.	0.	0.	
KEN BREWER DIRECTOR	4.00	X					0.	0.	0.	
SAMUEL HODSON DIRECTOR	4.00	X					0.	0.	0.	
JAY SCHREIBER DIRECTOR	4.00	X					0.	0.	0.	
NANCY H. CARLSON VICE PRESIDENT/CFO	50.00			X			78,544.	0.	4,652.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	98,509.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		98,509.			
Program Service Revenue	2 a	TICKET FEES	Business Code 711190	1,755,040.	1,755,040.		
	b	HOUSING AND MEAL FEES	711190	946,749.		946,749.	
	c	EVENT FEES	711190	736,124.	736,124.		
	d	BAND FEES	711190	406,370.	406,370.		
	e	HOTEL COMMISSIONS	711190	136,193.		136,193.	
	f	All other program service revenue	711190	20,849.	20,849.		
	g	Total. Add lines 2a-2f		4,001,325.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,170.			1,170.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	612,799.				
	Less: cost of goods sold	b	192,447.				
	c	Net income or (loss) from sales of inventory		420,352.	420,352.		
Miscellaneous Revenue			Business Code				
11 a	SPONSORSHIP REVENUE	541800	574,344.		33,129.	541,215.	
b	MISCELLANEOUS REVENUE	900099	34,399.	34,399.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		608,743.				
12	Total revenue. See instructions.		5,130,099.	3,373,134.	33,129.	1,625,327.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	424,961.	296,469.	74,117.	54,375.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	703,917.	420,885.	102,849.	180,183.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,098.	11,574.	2,893.	1,631.
9 Other employee benefits	62,280.	45,474.	11,368.	5,438.
10 Payroll taxes	67,831.	46,698.	11,674.	9,459.
11 Fees for services (non-employees):				
a Management				
b Legal	17,045.	13,032.	3,453.	560.
c Accounting	13,723.	10,492.	2,780.	451.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,402.	4,131.	1,094.	177.
12 Advertising and promotion	99,194.	65,351.	17,439.	16,404.
13 Office expenses	118,630.	90,703.	24,032.	3,895.
14 Information technology	67,402.	45,691.	17,523.	4,188.
15 Royalties	106,989.	106,989.		
16 Occupancy	17,449.	13,959.	3,490.	
17 Travel	8,356.	5,684.	2,382.	290.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,289.	7,431.	1,858.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,901.	83,121.	20,780.	
23 Insurance	69,764.	55,811.	13,953.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PARTICIPANT HOUSING AND	898,709.	898,709.		
b CONTRACTED SERVICES	655,737.	648,768.	5,619.	1,350.
c FACILITY RENTAL FOR EVE	620,078.	620,078.		
d CLINICIAN AND JUDGE FEE	604,724.	604,724.		
e OTHER EVENTS EXPENSE	216,001.	213,106.	1,662.	1,233.
f All other expenses	448,793.	231,856.	215,637.	1,300.
25 Total functional expenses. Add lines 1 through 24f	5,356,273.	4,540,736.	534,603.	280,934.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	397,264.	1	403,598.	
	2 Savings and temporary cash investments	221,543.	2	147,157.	
	3 Pledges and grants receivable, net	23,843.	3		
	4 Accounts receivable, net	637,678.	4	896,396.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	11,502.	8	8,971.	
	9 Prepaid expenses and deferred charges	194,453.	9	118,130.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,516,779.			
	b Less: accumulated depreciation	10b 1,292,798.	303,737.	10c 223,981.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	20,000.	14	20,000.	
	15 Other assets. See Part IV, line 11	19.	15	300.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,810,039.	16	1,818,533.		
Liabilities	17 Accounts payable and accrued expenses	218,650.	17	174,551.	
	18 Grants payable		18		
	19 Deferred revenue	1,711,445.	19	1,991,065.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	79,564.	25	78,711.	
	26 Total liabilities. Add lines 17 through 25	2,009,659.	26	2,244,327.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-317,932.	27	-478,478.	
	28 Temporarily restricted net assets	118,312.	28	52,684.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	-199,620.	33	-425,794.	
34 Total liabilities and net assets/fund balances	1,810,039.	34	1,818,533.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,130,099.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,356,273.
3	Revenue less expenses. Subtract line 2 from line 1	3	-226,174.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-199,620.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-425,794.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2010)

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	216,444.	844,976.	654,709.	111,623.	98,509.	1,926,261.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,736,049.	4,431,224.	3,431,108.	3,487,846.	3,373,134.	18,459,361.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,722,306.	2,260,826.	2,069,455.	1,681,203.	1,625,327.	9,359,117.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,674,799.	7,537,026.	6,155,272.	5,280,672.	5,096,970.	29,744,739.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						29,744,739.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,674,799.	7,537,026.	6,155,272.	5,280,672.	5,096,970.	29,744,739.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,066.	6,184.	8,780.	3,386.	1,170.	22,586.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			20,345.	34,387.	33,129.	87,861.
c Add lines 10a and 10b	3,066.	6,184.	29,125.	37,773.	34,299.	110,447.
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	5,677,865.	7,543,210.	6,184,397.	5,318,445.	5,131,269.	29,855,186.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.63 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.37 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.26 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2010

Name of the organization

MUSIC FOR ALL, INC.

Employer identification number

36-3413042

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$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 line 2 of its Form 990-PF, 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) (2010)

Name of organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 12,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 22,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MUSIC FOR ALL, INC.	36-3413042

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

MUSIC FOR ALL, INC.

Employer identification number

36-3413042

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, etc.), a table for 2a-2d (Total number, acreage, etc.), and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2 regarding reporting and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,516,779.	1,292,798.	223,981.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				223,981.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) RESERVE FOR LICENSE FEES	37,019.	
(3) DEFERRED TRUST LIABILITY	41,692.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	78,711.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,130,099.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,356,273.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-226,174.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-226,174.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,603,087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	257,766.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	22,776.
e	Add lines 2a through 2d	2e	280,542.
3	Subtract line 2e from line 1	3	5,322,545.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-192,446.
c	Add lines 4a and 4b	4c	-192,446.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,130,099.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,817,395.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	257,766.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	10,910.
e	Add lines 2a through 2d	2e	268,676.
3	Subtract line 2e from line 1	3	5,548,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-192,446.
c	Add lines 4a and 4b	4c	-192,446.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,356,273.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE REPORTED AS EIN 36-3991517 22,776.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE -192,446.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

EXPENSES REPORTED AS EIN 36-3991517 10,910.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, NETTED WITH GROSS SALES REVENUE -192,446.

THE AUDITED FINANCIAL STATEMENTS OF MUSIC FOR ALL, INC. INCLUDE THE
COMBINED ACTIVITY OF ITS AFFILIATE, MUSIC FOR ALL FOUNDATION (FOUNDATION),
EIN 36-3991517, AN ORGANIZATION AFFILIATED THROUGH COMMON CONTROL, WHICH
AWARDS GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION. ALL SIGNIFICANT
TRANSACTIONS AND BALANCES BETWEEN THE ORGANIZATIONS HAVE BEEN ELIMINATED.

MUSIC FOR ALL IS A NON-PROFIT CORPORATION, EXEMPT FROM INCOME TAXES UNDER
SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND HAS BEEN
CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER
SECTION 509(A) OF THE INTERNAL REVENUE CODE.

ACCOUNTING STANDARDS FOR INCOME TAXES PROVIDE DETAILED GUIDANCE FOR
FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN
TAX POSITIONS RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS.

MUSIC FOR ALL REGULARLY EVALUATES ITS ACTIVITIES TO DETERMINE THAT THEY
ARE IN COMPLIANCE WITH ITS TAX-EXEMPT PURPOSES. CURRENTLY, THE
ORGANIZATION'S MANAGEMENT DOES NOT BELIEVE IT IS ENGAGED IN ANY ACTIVITIES
THAT WOULD GENERATE UNREPORTED UNRELATED BUSINESS INCOME OR CREATE AN
UNCERTAIN TAX POSITION. ALL TAX PERIODS PRIOR TO 2008 ARE NO LONGER
SUBJECT TO EXAMINATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

MUSIC FOR ALL, INC.

Employer identification number

36-3413042

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 L. SCOTT MCCORMICK	(i)	162,753.	0.	0.	4,640.	4,801.	172,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ERIC L. MARTIN	(i)	148,292.	0.	0.	4,000.	2,897.	155,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARLENE MILLER	BOARD MEMBER AND MA	60,000	THE MILLERS		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARLENE MILLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AND MARRIED TO FRED MILLER

(D) DESCRIPTION OF TRANSACTION: THE MILLERS ARE CO-OWNERS AND FOUNDERS

OF FRED J. MILLER, INC. THIS ORGANIZATION IS A CORPORATE SPONSOR OF

MUSIC FOR ALL, INC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCES THROUGH MUSIC FOR ALL. THE ORGANIZATION'S MOST SIGNIFICANT
 ACTIVITIES INCLUDE THE PRESENTATION OF EDUCATIONAL ACTIVITIES FOR MUSIC
 STUDENTS AND TEACHERS. MAJOR PROGRAMS INCLUDE SUMMER MUSIC CAMPS, MUSIC
 EDUCATION FESTIVALS, MARCHING BAND CHAMPIONSHIPS, AND TEACHER TRAINING.
 ADDITIONAL PROGRAMS INCLUDE PARENT, BOOSTER, COMMUNITY ADVOCACY AND
 AWARENESS PROGRAMS, AND PRESENTATION OF OTHER EDUCATIONAL AND
 PERFORMING EXPERIENCES FOR STUDENTS, TEACHERS, PARENTS AND COMMUNITIES
 ACROSS THE NATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUMMER MUSIC CAMPS, MUSIC EDUCATION FESTIVALS, MARCHING BAND
 CHAMPIONSHIPS, AND TEACHER TRAINING. ADDITIONAL PROGRAMS INCLUDE
 PARENT, BOOSTER, COMMUNITY ADVOCACY AND AWARENESS PROGRAMS, AND
 PRESENTATION OF OTHER EDUCATIONAL AND PERFORMING EXPERIENCES FOR
 STUDENTS, TEACHERS, PARENTS AND COMMUNITIES ACROSS THE NATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BANDS OF AMERICA SUPER REGIONAL CHAMPIONSHIP, SAN ANTONIO, ALAMODOME -
 CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 10,073 STUDENTS FROM 54
 SCHOOLS SERVED.

EXPENSES \$ 246,331. INCLUDING GRANTS OF \$ 0. REVENUE \$ 300,960.

BANDS OF AMERICA SUPER REGIONAL CHAMPIONSHIP, SAINT LOUIS, MISSOURI,
 EDWARD JONES DOME - CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 6,769
 STUDENTS FROM 48 SCHOOLS SERVED.

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
---	--

EXPENSES \$ 229,386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 265,952.

BANDS OF AMERICA SUPER REGIONAL CHAMPIONSHIP, ATLANTA, GEORGIA DOME -

CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 4,755 STUDENTS FROM 34

SCHOOLS SERVED.

EXPENSES \$ 192,001. INCLUDING GRANTS OF \$ 0. REVENUE \$ 236,835.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, INDIANAPOLIS, LUCAS OIL STADIUM

- CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 4,909 STUDENTS FROM 35

SCHOOLS SERVED.

EXPENSES \$ 163,772. INCLUDING GRANTS OF \$ 0. REVENUE \$ 180,998.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, ARLINGTON, TEXAS, UNIVERSITY OF

TEXAS AT ARLINGTON - CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS.

5,885 STUDENTS FROM 31 SCHOOLS SERVED.

EXPENSES \$ 67,816. INCLUDING GRANTS OF \$ 0. REVENUE \$ 122,246.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, TOWSON, MARYLAND, TOWSON

UNIVERSITY - CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 1,933

STUDENTS FROM 19 SCHOOLS SERVED.

EXPENSES \$ 62,794. INCLUDING GRANTS OF \$ 0. REVENUE \$ 70,013.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, ST. GEORGE, UTAH, DIXIE STATE

COLLEGE - CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 2,846 STUDENTS

FROM 26 SCHOOLS SERVED

EXPENSES \$ 55,401. INCLUDING GRANTS OF \$ 0. REVENUE \$ 73,775.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, LOUISVILLE, KENTUCKY, PAPA

032212
01-24-11

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
---	--

JOHN'S CARDINAL STADIUM - CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS.

2,386 STUDENTS FROM 19 SCHOOLS SERVED.

EXPENSES \$ 55,905. INCLUDING GRANTS OF \$ 0. REVENUE \$ 73,418.

MUSIC FOR ALL NEWSLETTER - QUARTERLY PERIODICAL UPDATE WITH NEWS AND

INFORMATION ABOUT MUSIC FOR ALL PROGRAMS. 74,000 SERVED.

EXPENSES \$ 35,058. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,504.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, PONTIAC, MICHIGAN -

CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 2,440 STUDENTS FROM 20

SCHOOLS SERVED.

EXPENSES \$ 68,739. INCLUDING GRANTS OF \$ 0. REVENUE \$ 76,361.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, KETTERING, OHIO - CHAMPIONSHIP

FOR HIGH SCHOOL MARCHING BANDS. 1,830 STUDENTS FROM 15 SCHOOLS SERVED.

EXPENSES \$ 47,205. INCLUDING GRANTS OF \$ 0. REVENUE \$ 51,593.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, THE WOODLANDS, TEXAS-

CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 5,017 STUDENTS FROM 26

SCHOOLS SERVED.

EXPENSES \$ 60,313. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103,085.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, AKRON, OHIO - CHAMPIONSHIP FOR

HIGH SCHOOL MARCHING BANDS. 2,338 STUDENTS FROM 21 SCHOOLS SERVED.

EXPENSES \$ 58,103. INCLUDING GRANTS OF \$ 0. REVENUE \$ 77,774.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, HEMET, CALIFORNIA -

CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 1,937 STUDENTS FROM 16

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
---	--

SCHOOLS SERVED.

EXPENSES \$ 49,010. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48,585.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, NORTH HUNTINGDON, PENNSYLVANIA

- CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 1,642 STUDENTS FROM 17

SCHOOLS SERVED.

EXPENSES \$ 50,451. INCLUDING GRANTS OF \$ 0. REVENUE \$ 62,287.

BANDS OF AMERICA REGIONAL CHAMPIONSHIP, JACKSONVILLE, ALABAMA-

CHAMPIONSHIP FOR HIGH SCHOOL MARCHING BANDS. 2,468 STUDENTS FROM 20

SCHOOLS SERVED.

EXPENSES \$ 57,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67,621.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE

INDEPENDENT ACCOUNTING FIRM, THEN REVIEWED BY THE CFO AND CEO. AFTER THIS

FIRST REVIEW, THE DRAFT FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF

DIRECTORS FOR REVIEW AND COMMENT. THE BOARD IS GIVEN THE OPPORTUNITY TO

DISCUSS THE RETURN. THE RETURN IS FILED ONLY AFTER REVIEW AND APPROVAL BY

THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SUBMITS A SIGNED

CONFLICT OF INTEREST STATEMENT UPON ELECTION TO THE BOARD. UPDATED

STATEMENTS ARE SIGNED AND SUBMITTED AT EACH SUBSEQUENT ANNUAL MEETING. THE

ANNUAL MEETINGS NORMALLY OCCURS DURING THE MONTH OF APRIL EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS IS

RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CEO AND OTHER CORPORATE

OFFICERS. THIS PROCESS INCLUDES AT LEAST AN ANNUAL REVIEW AND APPROVAL BY

032212
01-24-11

Name of the organization MUSIC FOR ALL, INC.	Employer identification number 36-3413042
---	--

INDEPENDENT BOARD MEMBERS, INCLUDING REVIEW OF COMPARABILITY DATA. THE RESULTS OF THIS DELIBERATION ARE SUBSTANTIATED IN WRITING AND ANY COMPENSATION UPDATES ARE APPROVED BY THE CHAIRMAN AND SUBMITTED TO THE CFO FOR INPUT INTO THE PAYROLL SYSTEM.

FORM 990, PART VI, SECTION C, LINE 19: MUSIC FOR ALL, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C
AUDIT OVERSIGHT
THE SELECTION OF AN INDEPENDENT ACCOUNTANT BEGINS BY EVALUATING RECOMMENDATIONS FROM THE INDIANAPOLIS BUSINESS COMMUNITY, FOLLOWED BY AN INTERVIEW PROCESS WITH MUSIC FOR ALL (MFA) MANAGEMENT. THE MFA BOARD OF DIRECTORS APPROVES THE SELECTION BY MANAGEMENT. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH STRICT OVERSIGHT OF FINANCIAL MATTERS OF MFA, INCLUDING THE AUDIT. IN ADDITION, THE ENTIRE BOARD REMAINS ENGAGED IN THE REVIEW OF MFA FINANCES, INCLUDING THE AUDIT.

FORM 990, PART V, LINE 7G
FORM 8899 GIFTS OF QUALIFIED INTELLECTUAL PROPERTY
FORM 8899 WAS NOT APPLICABLE AS THE FOUNDATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY.

FORM 990, PART V, LINE 7H
FORM 1098-C GIFTS OF VEHICLES

Name of the organization
MUSIC FOR ALL, INC.

Employer identification number
36-3413042

FORM 1098-C WAS NOT APPLICABLE AS THE FOUNDATION DID NOT RECEIVE AND

CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES.

Multiple horizontal lines for additional information.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **MUSIC FOR ALL, INC.** Employer identification number **36-3413042**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MUSIC FOR ALL FOUNDATION - 36-3991517 39 W. JACKSON PLACE INDIANAPOLIS, IN 46202	DISTRIBUTE GRANTS AND SCHOLARSHIPS TO FURTHER MUSIC EDUCATION	INDIANA	501(C)3	170B(1)(A)(V)	N/A		X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning MAR 1, 2010, and ending FEB 28, 2011

Header section containing organization name (MUSIC FOR ALL, INC.), address (39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225), and other identifying information.

H Describe the organization's primary unrelated business activity. ADVERTISING REVENUE FROM QUARTERLY NEWSLETTER AND PROGRAM BOOKS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of NANCY CARLSON Telephone number 317-636-2263

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include advertising income and total net of -6,803.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include various deductions and total net of -6,803.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2009 overpayment credited to 2010	44a	
b 2010 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____ **PRESIDENT AND CEO**
 Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: ANITA W. SHERMAN, CPA
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01395184
 Firm's name: GREENWALT CPAS, INC.
 Firm's address: 5342 WEST VERMONT STREET INDIANAPOLIS, IN 46224
 Firm's EIN: 35-1489521
 Phone no.: 317-241-2999

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) QUARTERLY NEWSLETTER	20,800.	15,585.	5,215.			
(2) PROGRAM BOOKS	12,329.	24,347.	-12,018.			
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	33,129.	39,932.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-018512

Report for the Fiscal Period:

Beginning 03/01/2010

& Ending 02/28/2011
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 36-3413042

Are contributions to the organization tax deductible?

Yes No

Date Organization was created:

04/01/1985

LEGAL NAME MUSIC FOR ALL, INC. MAIL ADDRESS 39 WEST JACKSON PLACE, NO. 150 CITY, STATE INDIANAPOLIS, IN ZIP CODE 46225	Year-end amounts	
	A) ASSETS	A) \$ 1,818,533.
	B) LIABILITIES	B) \$ 2,244,327.
	C) NET ASSETS	C) \$ -425,794.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	88.541%	D) \$ 4,712,633.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	11.459%	F) \$ 609,913.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 5,322,546.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	85.302%	H) \$ 4,733,183.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	85.302%	J) \$ 4,733,183.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	85.302%	L) \$ 4,733,183.
M) MANAGEMENT AND GENERAL EXPENSE	9.635%	M) \$ 534,603.
N) FUNDRAISING EXPENSE	5.063%	N) \$ 280,934.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 5,548,720.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: L. SCOTT MCCORMICK, PRIOR PRESIDENT/CEO		T) \$ 162,753.
U) NAME, TITLE: ERIC L. MARTIN, PRESIDENT/CEO		U) \$ 148,292.
V) NAME, TITLE: NANCY H. CARLSON, VICE PRESIDENT/CFO		V) \$ 78,544.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: SUMMER MUSIC SYMPOSIUM	W) #	042
X) DESCRIPTION: GRAND NATIONALS MARCHING BAND CHAMPIONSHIPS	X) #	042
Y) DESCRIPTION: NATIONAL CONCERT BAND FESTIVAL	Y) #	042

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
<u>M&I BANK</u>			
<u>3926 RIVER CROSSING PARKWAY, SUITE 200</u>			
<u>INDIANAPOLIS, IN 46240</u>			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>NANCY CARLSON - 317-636-2263</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

ERIC MARTIN

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

NANCY CARLSON

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

ANITA W. SHERMAN, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE



2010 FORM IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2010, write your fiscal tax year here.

Tax year beginning MAR 1, 2010, ending FEB 28, 2011
month day month day year

Write the amount you are paying.
 \$ _____

Step 1: Identify your exempt organization

A Write your complete legal business name.
 If you have a name change check this box.

Name: MUSIC FOR ALL, INC.

D Write your federal employer identification no. (FEIN).
36-3413042

E Check if you are taxed as a corporation.

B If you have an address change or this is a first return, check this box and complete the following information.

C/O: _____

Mailing address: 39 WEST JACKSON PLACE, NO. 150

City: INDIANAPOLIS State: IN ZIP: 46225

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check the box if you attached Illinois Schedule 1299-D, Income Tax Credits.

C Check the box if one of the following apply.
 first return final return (If final, write the date. _____)

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.

Attach a copy of Page 1 of your U.S. Form 990-T.

1 -6,803.00

2 Illinois income and replacement tax deducted in arriving at Line 1.

2 .00

3 **Base income or loss.** Add Lines 1 and 2.

3 -6,803.00

STOP If the amount on Line 3 is derived only from inside Illinois or if you are an Illinois resident trust, skip Step 3 and go to Step 4; otherwise complete Step 3.

Step 3: Figure your income allocable to Illinois

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3. **4** .00

5 Business income or loss. Subtract Line 4 from Line 3. **5** .00

6 Total sales everywhere. This amount cannot be negative. **6** N/A

7 Total sales inside Illinois. This amount cannot be negative. **7** _____

8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places). **8** _____

9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. **9** .00

10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois. **10** .00

11 **Net income or loss allocable to Illinois.** Add Lines 9 and 10. **11** .00

Step 4: Figure your net replacement tax

12 Base income or net loss from Line 3 or Line 11. **12** -6,803.00

13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); trusts multiply by 1.5% (.015). **13** .00

14 Recapture of investment credits. **Attach** Schedule 4255. **14** .00

15 Replacement tax before investment credits. Add Lines 13 and 14. **15** 0.00

16 Investment credits. **Attach** Form IL-477. **16** .00

17 **Net replacement tax.** Subtract Line 16 from Line 15. If the amount is negative, write "0." **17** 0.00

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	-6,803 .00
19	Income tax.		
	Corporations: multiply Line 18 by 4.8% (.048).		
	Trusts: multiply Line 18 by 3% (.03).	19	.00
20	Recapture of investment credits. Attach Schedule 4255.	20	.00
21	Income tax before credits. Add Lines 19 and 20.	21	0 .00
22	Income tax credits. Attach Schedule 1299-D.	22	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, write "0."	23	0 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	.00
25	Net income tax from Line 23.	25	.00
26	Total net income and replacement taxes. Add Lines 24 and 25.	26	0 .00
27	Payments		
	a Credit from 2009 overpayment.	27a	.00
	b Total estimated payments.	27b	.00
	c Form IL-505-B (extension) payment.	27c	.00
	d Gambling withholding. Attach Form(s) W-2G.	27d	.00
28	Total payments. Add Lines 27a through 27d.	28	.00
29	Overpayment. If Line 28 is greater than Line 26, subtract Line 26 from Line 28.	29	.00
30	Amount to be credited to 2011.	30	.00
31	Refund. Subtract Line 30 from Line 29. This is the amount to be refunded.	31	.00
32	Tax Due. If Line 26 is greater than Line 28, subtract Line 28 from Line 26. This is the amount you owe.	32	0 .00

▶ **Make your check payable to "Illinois Department of Revenue" and attach to the first page of this form.** ◀
Special Note → Write the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

_____ Signature of authorized officer	_____ Date	PRESIDENT AND CEO _____ Title	317-636-2263 _____ Phone
_____ Signature of preparer	_____ Date	35-1489521 _____ Preparer's Social Security number or firm's FEIN	
GREENWALT CPAS, INC. _____ Preparer firm's name (or yours, if self-employed)	INDIANAPOLIS, IN 46224 _____ Address		317-241-2999 _____ Phone

▶ **Mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009** ◀



FORM IL-990-T

NATURE OF TRADE OR BUSINESS

STATEMENT 1

ADVERTISING REVENUE FROM QUARTERLY NEWSLETTER AND PROGRAM BOOKS

TO FORM IL-990-T, PAGE 1

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

**Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report**

NP-20
State Form 51062
(R3 / 3-10)

For the Calendar Year or Fiscal Year
Beginning 03/01/2010 **and Ending** 02/28/2011
MM/DD/YYYY MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization MUSIC FOR ALL, INC.		Telephone Number 317-636-2263
Address 39 WEST JACKSON PLACE, NO. 150	County MARION	Indiana Taxpayer Identification Number
City INDIANAPOLIS, IN 46225	State IN ZIP Code 46225	Federal Identification Number 36-3413042
Printed Name of Person to Contact ERIC MARTIN		Contact's Telephone Number 317-636-2263

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 37.
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 2**
4. Briefly describe the purpose or mission of your organization below.
SEE STATEMENT 1

Email Address: _____

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

PRESIDENT AND CEO

Signature of Officer or Trustee _____

Title _____

Date _____

Name of Person(s) to Contact _____

Daytime Telephone Number _____

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 7147
Indianapolis, IN 46207-7147
Telephone: (317) 233-4015

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

MUSIC FOR ALL'S MISSION IS TO CREATE, PROVIDE AND EXPAND POSITIVELY LIFE-CHANGING EXPERIENCES THROUGH MUSIC FOR ALL. THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES INCLUDE THE PRESENTATION OF EDUCATIONAL ACTIVITIES FOR MUSIC STUDENTS AND TEACHERS. MAJOR PROGRAMS INCLUDE SUMMER MUSIC CAMPS, MUSIC EDUCATION FESTIVALS, MARCHING BAND CHAMPIONSHIPS, AND TEACHER TRAINING. ADDITIONAL PROGRAMS INCLUDE PARENT, BOOSTER, COMMUNITY ADVOCACY AND AWARENESS PROGRAMS, AND PRESENTATION OF OTHER EDUCATIONAL AND PERFORMING EXPERIENCES FOR STUDENTS, TEACHERS, PARENTS AND COMMUNITIES ACROSS THE NATION.

NAME AND ADDRESS	TITLE
MR. GAYL DOSTER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	CHAIRMAN
L. SCOTT MCCORMICK 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	PRIOR PRESIDENT/CEO
BRUCE PAYNTER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
MATTHEW B. CARTER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
ERIC L. MARTIN 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	PRESIDENT/CEO
PATRICK BURLEY 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
MICHAEL KUMER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
JAMES BICKEL 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
MARLENE MILLER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
DOUG PILERI 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
CHUCK SPRINGER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR
KEN BREWER 39 WEST JACKSON PLACE, NO. 150 INDIANAPOLIS, IN 46225	DIRECTOR

SAMUEL HODSON
39 WEST JACKSON PLACE, NO. 150
INDIANAPOLIS, IN 46225

DIRECTOR

JAY SCHREIBER
39 WEST JACKSON PLACE, NO. 150
INDIANAPOLIS, IN 46225

DIRECTOR

NANCY H. CARLSON
39 WEST JACKSON PLACE, NO. 150
INDIANAPOLIS, IN 46225

VICE PRESIDENT/CFO

Indiana Nonprofit Organization Unrelated Business Income Tax Return

2010

Calendar Year Ending December 31, 2010 or

Fiscal Year Beginning 03 01 2010 and Ending 02 28 2011

Check box if amended.

Check box if name changed.

Name of Organization MUSIC FOR ALL, INC.			Federal Identification Number (FID) 36 3413042
Number and Street 39 WEST JACKSON PLACE, NO. 150		Indiana County or O.O.S. MARION	Principal Business Activity Code 541800
City INDIANAPOLIS	State IN	ZIP Code 46225	Telephone Number 317 636 2263
K Check all boxes that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Due Date: 15th day of the fifth month following close of the tax year.			

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Round all entries

1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts _____	1	-6,803.00
2. Specific deduction (generally \$1,000; see instructions) _____	2	1,000.00
3. Interest on U.S. government obligations on the federal return less related expenses _____	3	.00
4. Deduction for qualified patents income _____	4	.00
5. Enter total from lines 2 through 4 _____	5	1,000.00
6. Subtotal for unrelated business income (subtract line 5 from line 1) _____	6	-7,803.00
7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) _____	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) _____	8	-7,803.00
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule) _____	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) _____	10	-7,803.00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) _____	11	0.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) _____	12	-7,803.00
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). See instructions for line 13 _____	13	0.00
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet _____	14	.00
15. Total tax due (add lines 13 and 14) _____ Total Tax ▶	15	0.00
Credit for Estimated Tax and Other Payments		
16. Quarterly estimated tax paid: Qrt. 1 _____ Qrt. 2 _____ Qrt. 3 _____ Qrt. 4 _____ Enter total	16	.00
17. Amount paid with extension _____	17	.00
18. Amount of overpayment credit (from tax year ending _____) _____	18	.00
19. Enter name of other credit _____ Code No. 19a _____	19b	.00
20. Total credits (add lines 16, 17, 18, and 19b) _____ Total Credits ▶	20	.00
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 23, and 26) _____	21	0.00
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220 _____ <input type="checkbox"/> Check box if using annualization method	22	.00
23. Interest: If payment is made after the original due date, compute interest _____	23	.00
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date _____	24	.00
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶	25	.00
26. Total overpayment (line 20 minus lines 15, 22-24) _____	26	.00
27. Amount of line 26 to be refunded _____	27	.00
28. Amount of line 26 to be applied to the following year's estimated tax account _____	28	.00

You must go to the certification and authorization section on page 2 to complete this return.



Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment		
State Form 49189 (R8/8-09)		
Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 10) Yes No

Organization's E-mail address EE

Signature of Officer _____ Date _____

ERIC MARTIN _____ PRESIDENT

Print or Type Name of Officer _____ Title _____

ANITA W. SHERMAN, CPA _____

Personal Representative's Name (Print or Type)

Telephone Number 317 241 2999 _____

Address 5342 W. VERMONT STREET _____

City INDIANAPOLIS _____

State IN ZIP Code +4 46224 _____

GREENWALT CPAS, INC.

Paid Preparer: Firm's Name (or yours if self-employed)

Check One: Federal ID Number PTIN OR Social Security Number
35 1489521

Telephone Number 317 241 2999 _____

Address 5342 WEST VERMONT STREET _____

City INDIANAPOLIS _____

State IN ZIP Code +4 46224 _____

Paid Preparer's Signature _____ Date _____

Sales/Use Tax Worksheet

List all purchases made during 2010 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		.00
Mail order purchases:		.00
Internet purchases:		.00
Other purchases:		.00
1. Total purchase price of property subject to the sales/use tax	1C	.00
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	.00
3. Sales tax previously paid on the above items (up to 7% per item)	3C	.00
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP	4C	.00

Please mail forms to: Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253

