# Form 990

Return of Organization Exempt From Income Tax

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

2015 Open to Public Inspection

OMB No 1545-004T

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 201			ar beginning	<u>07/0</u>	1/15 ˌan	id ending 0	6/30/1	L 6					
	Oneck if applicable	e C Name of org	gan zation	CRESCEND	_ ncn	DEMY OF	MISTO				) Employer	r identifica	tion number	
	Address charge	Doing busin	ness as	CRESCEND	O ACA	DEMI OF	MOSIC				38-2	7873	87	
	Name change			box dimail is not deli-	vered to str	eet adcress			Room/suite	E	Telephon	e number		
	Init a- return Final return		OUTH BU	ce country and ZIP :	or tareian i	oosta code					269-	345-	0004	
	terminated	KALAM		,	_	49007				_	Gross reci	r. rato S	633	,934
	Amended return		address of princi	pa officer		45007					3 G1085 Tec.	U.DIS C		
	Application pendir	ng ELIZ	ABETH	ROHS					H(a) Is the	s a group	return for si	upordinates'	Yes	X No
		359	S BURD	ICK					H(b) Are	all subor	dinates inci.	Joed <sup>n</sup>	Yes	No
		KALAI	MAZOO			MI 490	07		_	lt "No" at	ttach a iis:	:see instruc	ot ans)	
1	Tax-exempt state			<del></del>	<b>∢</b> (insert	no 494	17(a)(1) or	52 -						
J	Website:			DEMY . COM					<del></del>		otion numbe	er 🕨		
	Form of organizat		ration Tru	St. Association	<u>Ott</u>	ner 🕨	<del></del>		ear of termatio	- 19	88	M State	of legal domici	e MI
	1	Summary		mission or mo	-1 :/							<del></del>		
Activities & Governance	3 Numb 4 Numb 5 Total r 6 Total r	er of independe number of indiv number of volur	embers of the ent voting m riduals empl nteers (estin	nization disconting governing bod embers of the governing byed in calendal nate if necessariation Part VIII.	ly (Part \ loverning r year 20 y)	/l. line 1a) g body (Part V 015 (Part V, lii	I. line 1b)	ore than 25	5% of its ne	et asse	3 4 5 6 7a	11 11 44 39		-78
	b Net ur	nrelated busine	ss taxable ir	come from For	m 990-T	line 34		···-		ior Year	7b		Current Year	-78
Revenue	9 Progra 10 Invest 11 Other	revenue (Part \	enue (Part V Part VIII. col VIII. column		8c. 9c.	10c. and 11e)	*			398 -3 4	,847 ,562 ,815 ,211 ,805		436	,354 ,681 200 491 ,726
	1			(Part IX. colum)			. <del> </del>				,267			,578
				Part IX column				[						0
S	15 Saları	es, other compe	ensation er	nployee benefits	s (Part I)	K. column (A).	lines 5–10)			400	,870		413	<u>, 285</u>
xpenses				ırt IX. column (A										0
	!			IX. column (D).			•	0	· · ·	101	202		1 (1	051
ш				(A), lines 11a-1			05:	-			,283 ,420			,951 ,814
	1			(must equal Pa t line 18 from lir		lumn (A). Ilne	25)			1	<del>'</del>			$\frac{,014}{,912}$
10	S Never	ide less expens	ses. Subilac	i ille 18 ffoli ili	12				Beginning				End of Year	,
Net Assets or	20 Total	assets (Part X.	line 16)								,940			,606
t As	21 Total I	liabilities (Part )	X. line 26)					ļ			<u>,915</u>	<del> </del>		<u>, 669</u>
				otract line 21 fro	m line 2	0				246	,025	<u> </u>	275	<u>,937</u>
		Signature E	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·					·					
				e examined this re parer (other than								nowledge	and belief.	it is
Sig He	gn	Signature of office	e BETH R		o nuer) Is	s Dasec Oil dii II	mornation of WITE	PRESI			Date			
	P <sub>II</sub> nt/	Type preparer's nan			Prep	arer's signature			Da	ate	Check	ıf	PTIN	
Pai		OY ALLWARDT				1000		~	42 A 1	1		ploved	P012098	75
Pre	narar	s name •	MEYER	& ALLWA		<del>'</del>	CPA			Fir	m s EIN ▶		-2179	
Us	e Only		4341	S WESTNE	EDGE			5					-343-	
 Ma		s address   cuss this return		eparer shown at			s)			<u>j Ph</u>	ione no		X Yes	No.

Part III	Statement	of Program	Service .	Accomp	olishments

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

1 Briefly describe the organization's mission.

TO.	PROVIDE	MITCIC	EDUCATION	$\mathbf{T}$	CTITORNITC	OF AT.T.	AGRS
10	L VO A TDE	THOSTC	PDOCETTON	$\perp$	SIGNERIS	Or ALL	AGES.

2	prior Form 9	nization undertake any significal 90 or 990-EZ? cribe these new services on Sch	nt program services during the year which were	e not listed on the	Yes	x	No
3	services?	nization cease conducting, or m	ake significant changes in how it conducts, any le O.	y program	Yes	x	No
4	expenses. S		accomplishments for each of its three largest organizations are required to report the amount each program service reported.				
	(Code. PROVIDE		567,212 including grants of \$ I TO STUDENTS OF ALL AG	28,578 ) (Revenue \$ ES.			)
4b	(Code.	) (Expenses \$	including grants of \$	) (Revenue \$			)

including grants of \$

4d Other program services (Describe in Schedule O.)

」(Expenses \$

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

567,212

) (Revenue \$

4c (Code

	990 (2015) CRESCENDO ACADEMY OF MUSIC 38-2787387		P	age (
Pa	art IV Checklist of Required Schedules			
		[ <del></del>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		Х	
2	complete Schedule A	1	X	<del> </del>
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	Λ	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes." complete Schedule C. Part I	3		^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
_	election in effect during the tax year? If "Yes." complete Schedule C. Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			Ì
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.	_		x
^	Part III	5		^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes." complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7	<del></del>	X
8	Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes."			3,5
_	complete Schedule D. Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		ł	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			· v
	debt negotiation services? If "Yes." complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			3,5
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes."		37	
	complete Schedule D. Part VI	11a	X	+
b	Did the organization report an amount for investments—other securities in Part X. line 12 that is 5% or more			,,
	of its total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more			,,
	of its total assets reported in Part X. line 16? If "Yes." complete Schedule D. Part VIII	11c		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? If "Yes," complete Schedule D. Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			,,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	+	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13	X	+
14a	• • • • • • • • • • • • • • • • • • • •	14a		X
þ				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			-
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	+	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any foreign organization? If "Yes." complete Schedule F. Parts II and IV	15	1	X
16	Did the organization report on Part IX. column (A). line 3. more than \$5,000 of aggregate grants or other			77
	assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV	16	1	∃ X

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?

Part IX. column (A). lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)

Part VIII. lines 1c and 8a? If "Yes." complete Schedule G. Part II.

If "Yes," complete Schedule G\_Part III

Form **990** (2015)

Х

X

Х

17

18

19

17

18

19

# Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or			
	Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes." complete Schedule J	23		_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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No." go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes." complete Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		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):	20-		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> ^</u> -
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
_	Schedule L. Part IV	28b		^
C		200		x
20	was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	28c 29		X
29 30		25		-
50	Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N.	-30		1
٠,	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."			<del></del> -
_	complete Schedule N, Part II	32		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° If "Yes." complete Schedule R. Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. III.			
	or IV. and Part V. line 1	34		x
35a		3 <b>5</b> a		Х
b	If "Yes" to line 35a did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes" complete Schedule R. Part V. line 2	36	<u> </u>	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? If "Yes." complete Schedule R,			
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<u> </u>
		r _	qa:	<b>n</b> /2015

#### Statements Regarding Other IRS Filings and Tax Compliance Part V

Check if Schedule C	contains a response	or note to any	line in this Part V

		1 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	44			
р	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nanciai				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country.					
	See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial	Accoun	ts			
_	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100.000, and did to	ne				v
L	organization solicit any contributions that were not tax deductible as charitable contributions?			_ 6a		X
b	If "Yes." did the organization include with every solicitation an express statement that such contribute	ons or		ا د		
7	gifts were not tax deductible?  Organizations that may require deductible contributions under section 170(c)			6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	anode				
а	and services provided to the payor?	goods		7a		
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?		•	7b		†
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as		7.5	<del>                                     </del>	+
·	required to file Form 8282?			7c		
d	If "Yes." indicate the number of Forms 8282 filed during the year	7d				1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	T	
g	If the organization received a contribution of qualified intellectual property, did the organization file F		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain			1.1		
	sponsoring organization have excess business noldings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			*	1
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b			1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		?	12a	-	<del> </del>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ļ			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<del> </del>	1
	Note. See the instructions for additional information the organization must report on Schedule O.					.]-
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1	I		1	
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c			1	37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	de O		14a	+	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	не О		14b	0.0	<u> </u>

Form 990 (2015) CRESCENDO ACADEMY OF MUSIC 38-2787387 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions, Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 11 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 Enter the number of voting members included in line 1a, above, who are independent 1b b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members. b X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b. If "Yes." did the organization have written policies and procedures governing the activities of such chapters 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO. Executive Director, or top management official 15a Х 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? 16a b. If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE

- List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request Own website

Other (explain in Schedule O)

MΙ

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

AUDREY LIPSEY

359 S BURDICK

49007

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

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

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

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

 ${f X}$ . 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 ber week thist any	po	e not an x unles ficer and	s pers	on nore tha son is b	oth an	(D) Reportable compensation from the	(E)  Recordable compensation from related organizations	(F) Est mated amount of other compensation
	rours for related organizations below dotted line	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated	organization (W 2/1098-MISC:	(W-2/1099-MISC)	trom the organization and related organizations
(1) MEGAN KLARIC									
	0.00						_	_	_
BOARD MEMBER	0.00	X				<u> </u>	0	0	0
(2) JANE MADDOX						İ			
	0.00								
BOARD MEMBER	0.00	X				_	0	0	0
(3) CHARLIE TOMLINS									
	0.00						•		!
BOARD MEMBER	0.00	X			_		0	0	0
(4) SANDY NEWPORT									
	0.00						_		
BOARD MEMBER	0.00	X	-				0	0	0
(5) KATHY ASKLER	0.00			1					
BOARD MEMBER	0.00	x					0	0	0
(6) JOE REISH	0.00	<del> </del>	<del>  -  </del>			<del></del>			
(6) COE REISH	0.00				į	-			
BOARD MEMBER	0.00	x		ļ	1		0	0	0
(7) DIANA FALAHEE	0.00	12	<del>  </del>					-	
(i)DIMM IAIMIDD	0.00		1		ļ				
BOARD MEMBER	0.00	x					0	0	0
(8) ONUR ARUGASLAN	0.00	<del> </del>	<del>                                     </del>		<u> </u>	-			<del></del>
(0,000000000000000000000000000000000000	0.00								
TREASURER	0.00			$\mathbf{x}$			0	0	0
(9) DAVID DIGIOVANN		1							
	0.00								
SECRETARY	0.00			x			0	0	0
(10) ELIZABETH ROHS		1							
	0.00								
PRESIDENT	0.00			X			0	0	0
(11) LINNAEA THOMAS									
	0.00	!							
VICE PRESIDENT	0.00			X	j		0	0	- 990

Part VII Ser	tion A. Officers	, Directors, Tri	ustee	s, K	ey E	mpl	oyee	s, a	and Highest Compensate	ed Employees (continued)				
(A) Name an		(B) Average hours per week flist any	00	x unit	Pos check ess pe	erson	than d is both orarust	a-	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other impensa	c' itior	
		nours for related organizations below dotted index	individual trustoe	Institutional Trustee	Officer	Ney employee	Highest compensated employee	FC.IIIe'	organization (W-2/1099-MISC:	iVV-2/1099-MISC:	a	from the rganizat and re-at rganizati	ec ion	
							!							
			-											
											-			
d Total (add li	ontinuation she nes 1b and 1c) of individuals (in mpensation from	cluding but not	limite	ed to		se lis	sted a	► ► abov	ve) who received more that	an \$100.000 of				
3 Did the organ employee on 4 For any indiv	nization list any fo line 1a? If "Yes," idual listed on iin	ormer officer, d complete Schi e 1a, is the sun	lirecto edule n of re	or, or J fo eport	r suc able	ch in con	dividi npen	ual satio	ployee, or highest compension and other compensation complete Schedule J for s	on from the		3	Yes	No X
individual  5 Did any pers for services r	on listed on line on the o	la receive or ac rganization? If	crue	com	pens	satio	n froi	m ar	any unrelated organization  J for such person			5		X
Section B. Indepe	s table for your fi	ve highest com	pens	ated	inde	pen	dent	cont	itractors that received mor	e than S100.000 of ithin the organization's tax y				
Compensatio		(A) businest address	CONTE	VE1154	111011	101	ine c	alell	Desc	(B) cription of services	Cai.	Cor	(C) mpensat	905
2 Total numbe	r of independent te than \$100,000	contractors (inc	oludin on fro	g bu m th	t not e or	ilimi gani	ted to	¦ a tho n ►	ose iisted above) who	0				

Part VIII Statement of Revenue

1.				(A) Total revenue	(B) Related or exempt function revenue	(C) Uhrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b					
С	Fundraising events	1c					
	Related organizations	1d					
	Government grants (contributions	1e					4.1 T
	All other contributions, gifts, grants.						
	and similar amounts not included above	1f	196,354			1	* * * * * * * * * * * * * * * * * * * *
а	Noncash contributions included in lines, ta		,			a ted	
_	Total. Add lines 1a-1f		<b>.</b>	196,354			
	Total Mos Id		Busn. Code				
2a	TUITION		Busii. Code	386,351	386,351		•
b	MARVELOUS MUSIC			26,254			
c	REGISTRATION FEES		· · · · · · · · · · · · · · · · · · ·	20,876	<del>• · · · · · · · · · · · · · · · · · · ·</del>		
d	MANDOLIN ORCHESTRA			2,675			
e	PERFORMANCE FEES			525	<del>                                     </del>		
-	All other program service reve	20110		323	323		
	Total. Add lines 2a–2f	silu <del>c</del>	<b></b>	436,681			
3	Investment income (including	dividende	-	430,001			· · · · · · · · · · · · · · · · · · ·
	and other similar amounts)	dividends	h interest.	200			2
4	Income from investment of ta	v evemnt	hond proceeds				
5	Royalties	v-evenib:	bolid proceeds				
5	n Rea		.ii) Personai				
6-2	Gross rents	390	, it is to some				
		390					
	Less: rental exps	390	·				
	Rental indior (loss)	390		390	1		3
	Net rental income or (loss) Gross amount from (in Securities		: + Other	390			
	saies of assets	-	. 100 le				
1.	other than inventory						
а	Less cost or other	i					
	basis & sales exps	-					
	Gain or (loss)				to a least of the second		
	Net gain or (loss)		<b>•</b>	· · · · · · · · · · · · · · · · · · ·			
8a	Gross income from fundraising evi	ents		£1.11 1 .			
	(not including \$					first an	
	of contributions reported on line 10	0).				log de PALL III.	
	See Part IV. line 18	a					
	Less: direct expenses	b [					
	Net income or (loss) from fun	7	vents •				
9a	Gross income from gaming activiti	ies.					
	See Part IV, line 19	a					
	Less: direct expenses	b			The state of		1
	Net income or (loss) from gar		ities <b>&gt;</b>	<del></del>			
<b>10</b> a	Gross sales of inventory, less	,					
	returns and allowances	a	130				
	Less: cost of goods soid	b	208				ŀ
С	Net income or (loss) from sale				-	-78	
	Miscelianeous Revenue		Busn. Code	##			
11a	MISCELLANEOUS			179	179		
b					ļ <u>.</u>		
~							
C							
	All other revenue						
C			<b>&gt;</b>	179 633,726		-78	

Form 990 (2015) Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (A) Do not include amounts reported on lines 6b, Management and Tota expenses Program service Fundrais no 7b, 8b, 9b, and 10b of Part VIII. expenses peneral expenses expenses Grants and other assistance to domestic organizations and domestic dovernments. See Part P. line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 28,578 28,578 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 379,267 346,767 32,500 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions; 9 Other employee benefits 31,342 2,676 34,018 10 Payroll taxes Fees for services (non-employees): Management Legal b Accounting C Lobbying d е Professional fundraising services. See Part IV line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, polumn) 5,344 5,344 (A) amount, iist line 11g expenses on Schedule Oil 9,845 9,845 12 Advertising and promotion 15,660 15,660 13 Office expenses 1,509 1,509 Information technology 14 15 Royalties 54,577 54,577 Occupancy 16 350 350 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 279 279 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,426 2,387 3,813 23 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e 1f line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O. 49,349 49,349 MARVELOUS MUSIC EXP 8,120 8,120 GROUP CLASS EXPENSES b 3,375 PIANO TUNING 3,375 С 3,275 3,275 KSO ARTIST IN RESIDENCE d 6,455 6,455 e All other expenses 36,602 603,814 567,212 0 25 Total functional expenses. Add the 1 through 24st Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

<u> Pa</u>	art X		As any line in this Dark V			
		Check if Schedule O contains a response or note	to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		52,683	1	70,583
	2	Savings and temporary cash investments		25		25
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		24,196	4	27,962
	5	Loans and other receivables from current and former off	ficers, directors.		127	
		trustees, key employees, and highest compensated employees.	plovees.		35. 1. 1. 1.	
	 !	Complete Part II of Schedule L		·	5	
	6	Loans and other receivables from other disqualified pers	sons (as defined under section	e e e e	1:1	
		4958(f)(1)), persons described in section 4958(c)(3)(B).				
		sponsoring organizations of section 501(c)(9) voluntary				
S		organizations (see instructions). Complete Part II of Sch	• •		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment; cost or				1.11
		other basis. Complete Part VI of Schedule D	10a 201,036			
	b	Less: accumulated depreciation	10b	201,036	10c	201,036
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	277,940	16	299,606	
	17	Accounts payable and accrued expenses		787	17	172
	18	Grants payable			18	
	19	Deferred revenue		31,128	19	23,497
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
ý	22	Loans and other payables to current and former officers	directors.			
ij		trustees key employees, highest compensated employe	ees, and			
Liabilities	Į.	disqualified persons. Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated thin	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24)	. Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		31,915	26	23,669
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
ses	!	complete lines 27 through 29, and lines 33 and 34.				
Balances	27	Unrestricted net assets		221,766		251,690
	28	Temporarily restricted net assets		24,259	28	24,247
Fund	29	Permanently restricted net assets		••••	29	
Fu		Organizations that do not follow SFAS 117 (ASC 95)				
Assets or		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds		30		
AS	31	Paid-in or capital surplus, or land, building, or equipmen		31	·	
Net	32	Retained earnings, endowment, accumulated income, or	or other funds		32	
_	33	Total net assets or fund balances		246,025		275,937
	34	Total liabilities and net assets/fund balances		277,940	34	299,606

Page **11** 

Form **990** (2015:

	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII. column (A), line 12)	1	63	33,	$72\overline{6}$
2	Total expenses (must equal Part IX, column (A), line 25)	2	60	)3,8	814
3	Revenue less expenses. Subtract line 2 from line 1	3	2	29,5	912
4	Net assets or fund balances at beginning of year (must equal Part X. line 33, column (A))	4	24	16,0	025
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33. column (B))	10	2	75,	937
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other." explain in			· .	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes." check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь		X
	If "Yes." check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	· · · · · · · · · · · · · · · · · · ·	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	
	Schedule O.				
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?		3a		X
b	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.		3b	l	

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

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Name of the organization

Department of the Treasury

### CRESCENDO ACADEMY OF MUSIC

Employer identification number

38-2787387

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 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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:
- 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),
- 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.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e. 11f. and 11g
- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

(i) Name of supported organization	(ii) FIN	(iii) Type of organization (described on Lines 1–9 above (see instructions);		organ zation ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions.
			Yes	No		
A)						
В)						
C)						
0)						
Ε)						
otal						

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

	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊺otal
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	<u> </u>				a ta fam. i	
	tion B. Total Support				Υ	· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	<del></del>					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's fir	st. second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public St	ipport Percei	ntage				
14	Public support percentage for 2015 (line 6	. column (f) divide	ed by line 11, colun	nn (f))		14	%
15	Public support percentage from 2014 Sche					15	%
16a	33 1/3% support test—2015. If the organ	ization did not ch	eck the box on line	13. and line 14 is	$33\ 1/3\%$ or more,	check this	
	box and stop here. The organization qual	ifies as a publicly	supported organization	ation			•
þ	33 1/3% support test—2014. If the organicheck this box and stop here. The organic				15 is 33 1/3% or n	nore.	•
17a b	10%-facts-and-circumstances test—20° 10% or more, and if the organization meets the "faorganization organization organization organization 10%-facts-and-circumstances test—20° 15 is 10% or more, and if the organization explain in Part VI how the organization me supported organization	15. If the organizate the "facts-and-circums" acts-and-circums 14. If the organizate meets the "facts"	ation did not check circumstances" tes tances" test. The or ation did not check cand-circumstance	a box on line 13, 1 t, check this box a ganization qualifie a box on line 13, 1 s" test, check this	ind stop here. Expess as a publicly sup 16a. 16b. or 17a. a 15ox and stop here	plain in oported nd line e.	<b>.</b>
18	Private foundation. If the organization di instructions	d not check a bo	x on line 13 16a. 16	6b, 17a. or 17b. ch	neck this box and s	see	•

Page 3

#### 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.)

Sec	tion A. Public Support	quality under the	ie iesis lisieu i	pelow, pięase d	omplete Fart ii	-)	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusua grants.")	(5) 50	(2) 20:2	(0) 20 10	(4) 110	1072010	(i) total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			<u></u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						"
11	Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
Sec	tion C. Computation of Public Si		tage				
15	Public support percentage for 2015 (line 8			nn (f))		15	%
16	Public support percentage from 2014 Sch		•	(-),		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (I	line 10c. column (f	) divided by line 1:	3. calumn (f))		17	%
18	Investment income percentage from 2014	Schedule A. Part	III, line 17			_18	%
19a	33 1/3% support tests—2015. If the orga						_
	17 is not more than 33 1/3%, checк this b						<b>•</b>
b	33 1/3% support tests—2014. If the orga						
20	line 18 is not more than 33 1/3%, check the		=				
20	Private foundation. If the organization di	u not check a box	on line 14, 19a, of	i jab. check this bo	ox and see instruc	uons	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations (isted by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes" explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helpw
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 11a or 11b in Part I. answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes" explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in **Part VI**.
- Did the organization provide a grant loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes" complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part Los Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes" provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) holo a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		·
3b		
30		
3c		
4a		
	<sup>7</sup> . :	
<b>4</b> b		
4c		
		1
		ļ .·
-		
5a		
5b		
5c		-
6	-	
7		<u> </u>
8	ļ	
9a		
va		
9b	! 	
9с	ļ .	
10-2		
10a		
	1	1

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

	3b		<u> </u>
Schedule A (Form	1 996	or 990-F	-7) 2015

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or other Type III non-functionally integrated supporting organizations must complete Se			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	**		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		···
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount.			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A. line 8. Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B. line 8. Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integ	rated Type	III supporting organization (	see
instructions)	* .	· · · · · · · · · · · · · · · · · · ·	

Schedule A (Form 990 or 990-EZ) 2015

Section D- Distributions 2. Amounts paid to supported ordanizations is apportping exempt purposes. 2. Amounts paid to perform advirty that directly furthers exempt purposes of supported organizations. 3. Administrative expenses paid to accomplish exempt purposes of supported organizations. 4. Amounts paid to adquire exempt. 396 a species. 5. Qualified selesace enginety from TRS approval required. 6. Other distributions (secende in Part VI) See instructions. 7. Total amount distributions (secende in Part VI) See instructions is responsive (provide cetalish in Part VI). See instructions is which the organization is responsive (provide cetalish in Part VI). See instructions is which the organization is responsive (provide cetalish in Part VI). See instructions is the section of	Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	tions (continued)	
2 Amounts paid to perform activity that oriently furthers exempt purposes of supported organizations. In excess of functional forms activity.  3 Administrative expenses paid to accomplish exempt purposes of supported organizations.  4 Amounts paid to acquire exemptivity assesses.  5 Outside sharbutions (seesine in Part VI). See instructions.  7 Total amount distributions and plant the companization is responsive growed estation and part to state the companization is responsive growed estation.  9 Obstributions to attentive supported organizations to which the organization is responsive growed estation.  9 Obstribution to activity and the state of	Secti	on D - Distributions			Current Year
a Amount paid to acquire exempt-use assets Amount paid to acquire exempt-use assets Guarfier ser-asset amounts (prior IRS approval required) Cifer distributions (describe in Part VI. See instructions	11	Amounts paid to supported organizations to accomplish exempt purported organizations to accomplish exempt purported organizations.			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.  4 Amounts paid to accurre exemptive assets.  5 Qualified servaside, amounts (prior IRS approval required).  6 Other distributions (describe in Part VI). See instructions.  7 Total amount distributions, Add lines 1 through 5  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2015 from Section C line 6  10 Line 8 amount divided by Line 9 amount.  (i) Excess Distributions Underdistributions Pre-2015  1 Distributable amount for 2015 from Section C line 6  2 Underdistributions fram from season provided exists expensive (provided exists of part of p	2	Amounts paid to perform activity that directly furthers exempt purposes			
4. Amounts paid to acquire exemptivus assets 5. Quartifed set-value amounts (prior IRS approval required) 6. Other distributions (describe in Part VI. See instructions) 7. Total annual distributions. And lines 1 through 6. 9. Distributions to a featine supported organizations to which the organization is responsive (provide details in Part VI. See instructions) 9. Distributable amount for 2015 from Section C line 8. 10. Line 8 amount divided by Line 9 amount (I) (III) (		organizations, in excess of income from activity		<del>-</del>	
5. Outsified servaside amounts (pror. IRS approval required) 6. Other distributions describe in Part VI. See instructions. 7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI. See instructions) 9. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI. See instructions) 7. Section E. Distribution Allocations (see instructions) 8. Section E. Distribution Allocations (see instructions) 8. Excess Distributions 9. Distributable amount for 2015 from Section C. line 5. 9. Unaded strabutions or any organization to 2015 (creasonable cause required see instructions) 9. Excess distributions carryover if any to 2015 (creasonable cause required see instructions) 9. Excess distributions carryover if any to 2015 (creasonable cause required see instructions) 9. Excess distributions carryover if any to 2015 (creasonable cause required see instructions) 9. From 2014 (creative transport of the Province Carryover if any to 2015 (creative transport of the Province Carryover if any to 2015 (creative transport of the Province Carryover if any to 2015 (creative transport of the Province Carryover if any to 2015 (creative transport of the Province Carryover if creative interests and and the form 4.  9. Applied to underdistributions carryover to 2016. And lines 3) and 4 from line 2 if amount greater than zero. See instructions;  1. Excess distributions carryover to 2016. And lines 3) and 4 from line 2 if amount greater than zero. See instructions;  2. Excess from 2013.  8. E	3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
6. Other distributions (describe in Part VI). See instructions 7. Total annual distributions. Add lines 1 through 6 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9. Distributionable amount, 1or 2015 from Section C line 6 10. Line 8 amount divided by Line 9 amount  (ii) (iii) Underdistributions  Section E - Distribution Allocations (see instructions)  1. Distributable amount for 2015 from Section C line 6 2. Underd stributions if any, for years one to 2015  (reasonable cause required-see instructions)  3. Excess distributions carryover if any to 2015  a b c d from 2013 e From 2014 f Total of lines 3a through e f Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) f Remariner Subtract lines 3g 3h and 3 from 3f f Applied to 2015 distributable amount c) line 7 j Remariner Subtract lines 3g 3n 4 and 3 from 3f f Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to 2015 distributable amount c) line 7 j Remariner Subtract lines 3g 3n 4 and 3 from 3f f Remariner Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) greater than zero, see instructions in Remarining underdistributions for prior years prior to 2015 if any Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) f Remarining underdistributions for prior years prior to 2015 if any Subtract lines 3h and 4b from line 2 (if amount greater than zero, see instructions) greater than zero, see instructions in and 4b from line 1 (if amount greater than zero see instructions) and 4c.  Excess firm 2013 d d Excess from 2014	4	Amounts paid to acquire exempt-use assets			
7. Total annual distributions. Add lines 1 through 6 8 Distributions to attenive supported organizations to which the organization is responsive (provide details in Part IV, See Instructions) 9 Distributable amount for 2015 from Section C line 5 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) 11 Distributable amount for 2015 from Section C line 8 12 Underdistributions pre-2015 means and see instructions (see instructions) 13 Excess distributions cause required see instructions (reasonable cause required see instructions) 14 Distributable amount for 2015 from Section C line 8 15 Distributable amount for 2015 from Section C line 8 16 From 2013	. 5	Qualified set-aside amounts (prior IRS approval required)			
B Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI. See instructions)  J Distributable amount for 2015 from Section C line 5  10 Line 8 amount divided by Line 9 amount  (i) (ii) (iii) Distributable amount for 2015 from Section C line 6  2 Underdistributions, frany for years oncr to 2015 (reasonable cause required-see instructions)  3 Excess distributions, frany for years oncr to 2015 (reasonable cause required-see instructions)  3 Excess distributions carryover if any to 2015  a	6	Other distributions (describe in Part VI) See instructions.			
(provide details in Part VI. See instructions 9 Distributable amount for 2015 from Section C line 5  10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Section E - Distributable amount for 2015 from Section C. line 6  1 Distributable amount for 2015 from Section C. line 6  2 Underdistributions I any for years once to 2015 (reasonable cause required see instructions)  3 Excess distributions darryover if any to 2015  a	7	Total annual distributions. Add lines 1 through 6		i	
9 Distributable amount for 2015 from Section C line 5 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2015 from Section C line 5 2 Underdistributions. If any for years once to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover if any, to 2015 a b c d from 2013 e Figm 2014 1 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributions (see instructions) j Remainder Subtract lines 3g 3h and 3, from 3f. 4 Distributions for 2015 from Section D line 7 S a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remainder Subtract lines 5a and 4b from 1 line 2 (if amount greater than zero, see instructions) Remainder Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remainder Subtract lines 3d and 4b from line 1 (if amount greater than zero, see instructions) Remainder Subtract lines 3d and 4b from line 1 (if amount greater than zero, see instructions) Remainder Subtract lines 3d and 4b from line 2 (if amount greater than zero, see instructions) Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line 7 Remainder Subtract lines 3d and 4b from line	8	Distributions to attentive supported organizations to which the organizations	ition is responsive	i	
Section E - Distribution Allocations (see instructions)  Section E - Distribution Allocations (see instructions)  Section E - Distribution Bunderdistributions Pre-2015  Distributable amount for 2015 from Section C. line 8  Underdistributions, if any, for years prior to 2015  reasonable cause required-see instructions,  Sexess distributions carryover if any, to 2015  a  b  c d From 2013 e From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to underdistributions of prior years D line 7  a Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2015 distributable amount C Remainder Subtract lines 3g and 4a from line 2 if amount greater than zero. See instructions) Remainder Subtract lines 4g and 4b from 4 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 iff amount greater than zero. See instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4c B Remaining underdistributions for 2015 Subtract lines 3h and 4c B Remaining underdistributions for 2015 Subtract lines 3h and 4c B Streakdown of line 7.  Excess florm 2013 d Excess from 2013 d Excess from 2013		(provide details in Part VI). See instructions	··· -·· · · · · · · · · · · · · · · · ·		
Section E - Distribution Allocations (see instructions)    Excess Distributions   Underdistributions   Pre-2015	9	Distributable amount for 2015 from Section C line 6			
Section E - Distribution Allocations (see instructions)  1	10	Line 8 amount divided by Line 9 amount	<del></del>		
1 Distributable amount for 2015 from Section C line 6 2 Underdistributions, if any for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover if any to 2015 a b c d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount c Carryover from 2010 not applied is see instructions) j Remainder, Subtract lines 3g, 3h and 3, from 3f.  D Stributions for 2015 from Section D line 7. S Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. S Remaining underdistributions for years prior to 2015 if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) R Remaining underdistributions for years prior to 2015. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) R Remaining underdistributions for years prior to 2015. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions carryover to 2016. Add lines 3g and 4c. B Breakdown of line 7. B Excess from 2013 d Excess from 2013 d Excess from 2014			(i)	(ii)	(iii)
1 Distributable amount for 2015 from Section C. line 6 2 Underdistributions, if any for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover if any, to 2015 a b c d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3, from 3f, b Applied to 2015 distributable amount 0 line 7 S a Applied to 2015 firstributable amount 0 line 7 S a Applied to 2015 distributable amount 0 Remainder Subtract lines 4g and 4o from 4 5 Remainder Subtract lines 4g and 4o from 4 5 Remainder Subtract lines 4g and 4o from 4 5 Remaining underdistributions for years prior to 2015, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions) 6 Remaining underdistributions for 2015. Subtract lines 3h and 4o from line 1 (if amount greater than zero. see instructions) 7 Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7. a b C Excess from 2013 d Excess from 2013		Section E - Distribution Allocations (see instructions)	Excess Distributions		
2 Underdistributions if any, for years prior to 2015 Irreasonable cause required-see instructions; 3 Excess distributions carryover if any, to 2015 a b C C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3, from 3f.  4 Distributions for 2015 from Section D line 7. s Applied to underdistributions of prior years b Applied to underdistributions of prior years c Semainder Subtract lines 4a and 4b from 4 f Remaining underdistributions for years prior to 2015 if any Subtract lines 4a and 4b from 4 f Remaining underdistributions for years prior to 2015 if any Subtract lines and and the form line 2 if amount greater than zero, see instructions) f Excess distributions carryover to 2016. Add lines 3j and 4a from line 2 if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4a and 4b from line 7 a b B Breakdown of line 7 a b C Excess from 2013 d Excess from 2014	-			Pre-2015	Amount for 2015
treasonable cause required-see instructions;  3 Excess distributions carryover if any, to 2015  a b c d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of pnor years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h and 3, from 3f. 4 Distributions for 2015 from Section D line 7 S a Applied to underdistributions of pnor years b Applied to condistributions of prior years c Remaining underdistributions of prior years c Remaining underdistributions for years prior to 2015 if any. Subtract lines 3g and 4a from line 2 if amount greater than zero, see instructions) 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2016. Add lines 3g and 4c B Breakdown of line 7 a b C Excess from 2013 d Excess from 2014					
3 Excess distributions carryover if any, to 2015 a b c d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount l Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3, from 3f.  4 Distributions for 2015 from Section D line 7 S Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4  5 Remaining underdistributions for years prior to 2015 if any Subtract lines 3g and 4a from line 2 (if amount greater than zero see instructions)  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero see instructions)  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7. a b b c Excess from 2013 d Excess from 2014	2	·			
a b c c c d from 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g 3h and 3, from 3f.  4 Distributions for 2015 from Section D line 7 S a Applied to 2015 distributable amount c Remainder of Subtract lines 4a and 4b from 4.  5 Remainder Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015 if any Subtract lines 3g and 4a from line 2 (if amount greater than zero see instructions).  6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7.  a b c Excess from 2013 d Excess from 2013		· · · · · · · · · · · · · · · · · · ·			
b c d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of pror years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3, from 3f.  D line 7 s a Applied to underdistributions of pror years b Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4  5 Remaining underdistributions for 2015 if any Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions)  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7 a b c Excess from 2013 d Excess from 2014		Excess distributions carryover if any, to 2015			
d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h and 3, from 3f.  4 Distributions for 2015 from Section D. line 7. S a Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4  5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero see instructions) 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7. a b c Excess from 2013 d Excess from 2013				·····	
d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g. 3h. and 3. from 3f.  4 Distributions for 2015 from Section D. line 7 S a Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4g. and 4b from 4 5 Remaining underdistributions for years prior to 2015. If any Subtract lines 3g and 4a from line 2 (if amount greater than zero see instructions) 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions) 7 Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7. a b c Excess from 2013 d Excess from 2014		<del></del>			
e From 2014  f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3, from 3f.  4 Distributions for 2015 from Section D, line 7 S a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remaining underdistributions for years prior to 2015, if any Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c 8 Breakdown of line 7. a b c Excess from 2013 d Excess from 2014					
f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h and 3, from 3f.  4 Distributions for 2015 from Section D line 7 S a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015. if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7. a b c Excess from 2013 d Excess from 2014					
g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3, from 3f.  Distributions for 2015 from Section D, line 7. S, a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  Remaining underdistributions carryover to 2016. Add lines 3j and 4c  B Breakdown of line 7.  B Breakdown of line 7.  B Excess from 2013 d Excess from 2014					
h Applied to 2015 distributable amount  i Carryover from 2010 not applied (see instructions)  j Remainder Subtract lines 3g. 3h. and 3. from 3f.  4 Distributions for 2015 from Section  D line 7. S  a Applied to underdistributions of prior years  b Applied to 2015 distributable amount  c Remainder Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015. If any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7.  a  b  c Excess from 2013  d Excess from 2014					
i Carryover from 2010 not applied (see instructions)  j Remainder Subtract lines 3g. 3h and 3. from 3f.  4 Distributions for 2015 from Section  D. line 7. S  a Applied to underdistributions of prior years  b Applied to 2015 distributable amount  c Remainder Subtract lines 4g and 4b from 4.  5 Remaining underdistributions for years prior to 2015. If any. Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7.  a  b  c Excess from 2013  d Excess from 2014.					<u> </u>
j Remainder. Subtract lines 3g. 3h and 3. from 3f.  4 Distributions for 2015 from Section D line 7. S a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015. if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013 d Excess from 2014					
4 Distributions for 2015 from Section D. line 7. S  a Applied to underdistributions of prior years  b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015 if any Subtract lines 3g and 4a from line 2 (if amount greater than zero see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7. a b c Excess from 2013 d Excess from 2014	<u> </u>				
D. line 7 S a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015. If any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c  8 Breakdown of line 7. a b c Excess from 2013 d Excess from 2014					
a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4  5 Remaining underdistributions for years prior to 2015. if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: a b c Excess from 2013 d Excess from 2014	-				
b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2015. if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7: a b c Excess from 2013 d Excess from 2014					
c Remainder Subtract lines 4a and 4b from 4  5 Remaining underdistributions for years prior to 2015. If any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7:  a  b  c Excess from 2013  d Excess from 2014					
5 Remaining underdistributions for years prior to 2015. if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7: a b c Excess from 2013 d Excess from 2014		<u> </u>			***************************************
any. Subtract lines 3g and 4a from line 2 (if amount greater than zero. see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7:  a b c Excess from 2013 d Excess from 2014				······································	
greater than zero. see instructions).  6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero. see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7:  a  b  c Excess from 2013  d Excess from 2014	•	, ,			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7:  a b c Excess from 2013 d Excess from 2014					
and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7:  a b c Excess from 2013 d Excess from 2014	6	<u> </u>			
instructions).  7 Excess distributions carryover to 2016. Add lines 3j and 4c.  8 Breakdown of line 7:  a b c Excess from 2013 d Excess from 2014					
and 4c.  8 Breakdown of line 7:  a  b  c Excess from 2013 d Excess from 2014					
and 4c.  8 Breakdown of line 7:  a  b  c Excess from 2013 d Excess from 2014	7	Excess distributions carryover to 2016. Add lines 3j			
a		·			
b	8	Breakdown of line 7:			
c Excess from 2013 d Excess from 2014	a				
d Excess from 2014	b				:
G Excess from 2014	с	Excess from 2013			
e Excess from 2015	d	Excess from 2014			
	e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II. line 10; Part II. line 17a or 17b: Part III. line 12; Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV. Section E, lines 1c, 2a, 2b, 3a and 3b; Part V. line 1: Part V. Section B, line 1e; Part V. Section D, lines 5, 6, and 8; and Part V, Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B

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

Department of the Treasury internal Revenue Service

#### Schedule of Contributors

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

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

OMB No. 1545-004T

2015

CRESCENDO ACADEMY OF MUSIC

Employer identification number

CRESCENDO ACADEMI OF M

38-2787387

Organization type (check one):

Name of the organization

Filers of:

Section:

Form 990 or 990-EZ

**X** 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>\*</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II. line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII. line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

▶ s

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAWRENCE & SYLVIA WONG FOUNDATION 6378 HART DR KALAMAZOO MI 49009	s 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address. and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IRVING S GILMORE FOUNDATION 136 E MICHIGAN AVE  KALAMAZOO MI 49007	s 35,000	Person X Payrol! Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE OF MICHIGAN MCACA BUDGET OFFICE LANSING MI 48330	\$ 33,158	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KALAMAZOO COMMUNITY FOUNDATION 151 S ROSE ST STE 332 KALAMAZOO MI 49007	s 88,127	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1548-0047 Open to Public

Name of the organization

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

Inspection

Name	of the organizati	ion		Employer identification nur	mber	
C	RESCENI	OO ACADEMY OF MUSIC		38-2787387		
	art I C	Organizations Maintaining Donor Advised Complete if the organization answered "Yes"				
			(a) Donor advised funds	(b) Funds and othe	accounts	
1	Total numbe	er at end of year				
2		value of contributions to (during year)				
3		value of grants from (during year)				•
4	<b>4</b> 0 0	value at end of year				
5	00 0	anization inform all donors and donor advisors in writing	ng that the assets held in donor advised			
	_	ie organization's property, subject to the organization'	- <del>-</del>		Yes	No
6		anization inform all grantees, donors, and donor advis	-			
	only for cha	ritable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose			
		npermissible private benefit?			Yes	No
:Pa	art II C	Conservation Easements.				
	C	complete if the organization answered "Yes"	on Form 990, Part IV. line 7.			
1	Purpose(s)	of conservation easements held by the organization (	check all that apply).			
	Preserv	ation of land for public use (e.g. recreation or educat	ion) Preservation of a historically im	nportant land area		
	Protecti	on of natural habitat	Preservation of a certified histo	oric structure		
	Preserv	ation of open space				
2	Complete lii	nes 2a through 2d if the organization held a qualified o	conservation contribution in the form of a con	servation		
	easement o	on the last day of the tax year.		Held at the Er	nd of the T	ax Year
a	Total number	er of conservation easements		2a		
b	Total acrea	ge restricted by conservation easements		2b		
С	Number of a	conservation easements on a certified historic structu	re included in (a)	2c		
d	Number of o	conservation easements included in (c) acquired after	r 8/17/06, and not on a			
		cture listed in the National Register		2d		
3	Number of a	conservation easements modified, transferred, releas	ed, extinguished, or terminated by the organia	zation during the		
	tax year 🕨					
4	Number of s	states where property subject to conservation easeme	ent is located >			
5	Does the or	ganization have a written policy regarding the periodi	c monitoring, inspection, handling of			
		and enforcement of the conservation easements it hol			Yes	No
6	Staff and vo	plunteer hours devoted to monitoring, inspecting, hand	dling of violations, and enforcing conservation	neasements during the ye	ear	
	<b>•</b>					
7		expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation eas	ements during the year		
	<b>▶</b> S					
8	Does each	conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(B	3)(i)	.,	
		170(h)(4)(B)(ii)?			Yes	No
9		describe how the organization reports conservation e				
		eet, and include, if applicable, the text of the footnote	to the organization's financial statements tha	t describes the		
		n's accounting for conservation easements.  Organizations Maintaining Collections of	EArt Historical Transumas or Othe	r Similar Accets		
F-4		Complete if the organization answered "Yes		i Silinai Assets.		
1a		ization elected, as permitted under SFAS 116 (ASC 9		nd balance sheet		
	-	historical treasures, or other similar assets held for				
	public servi	ce. provide, in Part XIII, the text of the footnote to its i	financial statements that describes these iten	ns.		
d		ization elected, as permitted under SFAS 116 (ASC 9				
		t historical treasures, or other similar assets held for				
		ce, provide the following amounts relating to these ite				
		ie included on Form 990. Part VIII. line 1		<b>&gt;</b> \$		
	` '	included in Form 990. Part X		<b>&gt;</b> \$		
2	` '	ization received or held works of art, historical treasur	res, or other similar assets for financial gain.	provide the		
		mounts required to be reported under SFAS 116 (ASC				
a		cluded on Form 990 Part VIII, line 1		▶ \$		
b	Assets incli	uded in Form 990. Part X		<b>▶</b> S		

Schedule D (Fo	irm 990\ 2015	OO ACADEMY	OF MUSIC	38-	-27873	387		Page 2
Part III	Organizations Maintaini							
3 Using the collection	organization's acquisition accesitems (check all that apply):	_=						
a Publi	c exhibition	d	Loan or exchange p	rograms				
b Scho	larly research	e	Other					
c Prese	ervation for future generations							
4 Provide a	description of the organization's	collections and expl	ain how they furtner the	e organization's exem	pt purpose	e in Part		
XIII.								
5 During the	e year, did the organization solicit	t or receive donation	is of art, historical treas	ures, or other similar				
	be sold to raise funds ratner than		s part of the organization	on's collection?			Yes	No
Part IV	Escrow and Custodial A Complete if the organization 990, Part X. line 21.		es" on Form 990, F	art IV, line 9, or re	eported	an amount (	on Form	
1a is the org	anization an agent, trustee, custo	odian or other interm	ediary for contributions	or other assets not				
	on Form 990. Part X?						Yes	No
b If Yes. e	explain the arrangement in Part X	III and complete the	following table					
							Amount	
c Beginning						1c		
	during the year ons during the year					1d   1e		
f Ending ba	· .					1f		
•	rganization include an amount on	Form 990 Part X I	ine 21, for escrow or cu	istodial account liabili	tv?		Yes	No
	explain the arrangement in Part X				•,			
Part V	Endowment Funds.			· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization	on answered "Ye	es" on Form 990, F	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years back	(e) Four yea	ars back
1a Beginning	g of year balance							
<b>b</b> Contribut								
	tment earnings, gains, and							
losses			1		<u> </u>			
	scholarships penditures for facilities and						<del> </del>	
programs								
	rative expenses				<del>-</del>			
g End of ye	·	-					<u> </u>	
,	he estimated percentage of the ci	urrent vear end bala	nce (line 1g. column (a	i)) held as:			_ <del>\</del>	
	signated or quasi-endowment	%						
<b>b</b> Permane	nt endowment ► %	<b>(</b> e						
c Tempora	rily restricted endowmen; ►	%						
The perce	entages on lines 2a. 2b. and 2c s	hould equal 100%.						
3a Are there	endowment funds not in the pos-	session of the orgar	nization that are held ar	nd administered for th	е		_	1
organizat	•						Ye	s No
	ated organizations						3a(i)	
	ed organizations						3a(ii)	-
	n line 3a(ii), are the related organ		•				_3b	
	in Part XIII the intended uses of t		naowment funds.				•	

Part VI	Complete if the organiza	ation answered "Yes" on Fo	rm 990, Part IV, line 1	1a. See Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or other basis envestment:	(b) Cost or other pasis (other)	(c) Accumulated appreciation	(d) Врок value
1a Land	·				
b Building	gs				
c Leaseh	old improvements				
d Equipm	ent		201,036		201,036
e Other					
Total. Add lin	es 1a through 1e. (Column (d) m	nust equal Form 990. Part X. colu	mn (B). line 10c.)	<b>&gt;</b>	201,036

Part VII	Complete if the organization answered "Yes"	on Form 990 Part IV fir	se 11h. See Form 990. Pa	rt X line 12
<del></del>	(a) Description of security or category	(b) Book value	(c) Method of v.	
	(including name of security	(b) Book value	Cost or enc-of-year	
(1) Financial				
	eld equity interests			
(2) Other	ela equity interests			
(A)			· · · · · · · · · · · · · · · · · · ·	
(A) (B)			<del>-  </del>	
			<del>-</del>	
(C)			<del></del>	
(D)				
(E)			<del></del>	
(F)				
(G)				
(H)				
	nn (b) must equal Form 990. Part X. col. (B) line 12.)			:
Part VIII	Investments—Program Related.	on Form 000 Dort IV iii	no 110 Soo Form 000 Do	art V line 12
	Complete if the organization answered "Yes"	(b) Book value	(c) Method of v	
	(a) Description of investment	(b) Book Value	Cost or end-of-year	
			032.0.0.2.0,00	The state of the s
(1)				
(2)				
(3)				
(4)				
(5)			-	
(6)		<u> </u>		
(7)				
(8)				
(9)				<del></del>
	nn (b) must equal Form 990. Part X. col. (B) line 13.) ▶			
Part IX	Other Assets.	on Form 000 Bort IV li	no 11d Soo Form 000 Pr	art Y lino 15
	Complete if the organization answered "Yes"		The Tru. See Form 990. F	(b) Book value
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		-		·
(6)				
(7)				
(8)				
(9)				
Part X	nn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	<u> </u>		
Part A	Complete if the organization answered "Yes"	on Form 000 Bort IV	ing 11g or 11f Soc Form	aan Part Y
		Off-Offi 990, Partiv.	ille 1 le 01 1 ll. See 1 0 ll l	550. Falt A,
	line 25.	(b) Book value		
1.	(a) Description of habitity	(b) Book value		
	il income taxes		<del>- </del>	
(2)			-	
(3)			<del>- </del>	
(4)			-	
(5)			$\dashv$	
(6)				* :
_(7)			<del>_</del>	•
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990. Part X. col. (B) line 25.) ▶			

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

Sche	dule D (Form 990) 2015 CRESCENDO ACADEMY OF MUSIC	38	-2787387	Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial Staten	nents With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990.	Part IV. line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part   line 12.)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990.	Part IV. line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	r I	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990 Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Page 5

#### SCHEDULE E

(Form 990 or 990-EZ)

#### **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

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

Employer identification number

## CRESCENDO ACADEMY OF MUSIC

38-2787387 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter. bylaws, other governing instrument, or in a resolution of its governing body? X 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions X programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program. in a way that makes the policy known to all parts of the general community it serves? If "Yes." please describe. If "No," please explain. If you need more space, use Part II X 3 THE PRINTED BROCHURE ON THE ORGANIZATION STATES ITS RACIALLY NONDISCRIMINATORY POLICY WHEN SOLICITING STUDENTS. Does the organization maintain the following? X Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially þ Х nondiscriminatory basis? 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c X Copies of all material used by the organization or on its behalf to solicit contributions? 4d Х If you answered "No" to any of the above, please explain, If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Х 5a Students' rights or privileges? Admissions policies? 5b X X Employment of faculty or administrative staff? 5c X Scholarships or other financial assistance? 5d X Educational policies? 5e Х Use of facilities? 5f X Athletic programs? 5g Other extracurricular activities? X 5h If you answered "Yes" to any of the above please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a 6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

7

X

Part II Supplemental Information. Provide the explanations required by Part I. lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE (Form 990)

Open to Public 2015

Inspection

OMB No. 1545-0047

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

> Department of the Treasury internal Revenue Service Name of the organization

Emptoyer identification number 38-2787387

ŝ (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X Yes ner cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, (e) Amount of noncash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance CRESCENDO ACADEMY OF MUSIC (b) EIN 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part II Part 3 £ **€** 8 6 (2) 3 9 9

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

Schedule I (Form 990) (2015)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) (2015) CRESCENDO ACADEMY OF MUSIC

Part III can be duplicated if additional space is needed

Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book. FMV. appraisal, other)	(e) Method of valuation (book. (f) Description of non-cash assistance FMV, appraisal, other)
1 SCHOL	1 SCHOLARSHIPS	65	28,578			
2						
A						
· · · · · ·						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re-	quired in Part I, line	2, Part III, column (b)	and any other additional i	nformation

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS N PART I, LINE FAMILIES WISHING FINANCIAL ASSISTANCE IN THE FORM OF SCHOLARSHIPS APPLY AT

THE ARTISTIC AND OPERATIONS DIRECTORS REVIEW THE CRESCENDO'S OFFICE.

Z THE SCHOLARSHIP IS ELIGIBILITY AND APPROVE ALL SCHOLARSHIP AMOUNTS. EFFECT FOR ONE SCHOOL YEAR, AS ALONG AS THE STUDENT CONTINUES LESSONS AT

CRECSCENDO AND MEETS

THE SCHOLARSHIP CRITERIA.

#### SCHEDULE O

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CRESCENDO ACADEMY OF MUSIC

Employer identification number 38-2787387

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PRESENTED TO FINANCE COMMITTEE AND EXECUTIVE COMMITTEE BEFORE SIGNING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY NO CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ANNUAL REVIEW FORM IS E MAILED TO ALL MEMBERS ON THE BOARD DURING THE YEAR.

THIS IS COMPLETED AND SENT TO BOARD PRESIDENT WHO MEETS WITH ARTISTIC

DIRECTOR AND DISCUSSES RESULTS. THE BOARD VOTES FOR ANY SALARY INCREASE

FOR THE COMING FISCAL YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

# Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning 07/01/15, and ending 06/30/16

38-2787387

### CRESCENDO ACADEMY OF MUSIC

Net Asset / Fund Balance at Begin	ning of Year			246,025
Revenue Contributions Program service revenue Investment income	196 436	,354 ,681 200		
Capital gain / loss Fundraising / Gaming: Gross revenue Direct expenses Net income				
Other income Total revenue Expenses		491 6	33,726	
Program services  Management and general  Fundraising	567 36	7,212 5,602		
Total expenses Excess / (deficit)		6	03,814	29,912
Changes Net Asset / Fund B	alance at End of Year			275,937
Reconciliation of F			Reconciliation of Expe	
Total revenue per financial statements Less: Unrealized gains		Total expenses per Less: Donated service	financial statements	
Donated services Recoveries Other		Prior year adjus Losses Other		
Plus. Investment expenses		Plus: Investment exp	penses	
Other  Total revenue per return	633,726		enses per return	603,814
Assets	Beginning 277,940	Balance Sheet Ending 299,606	Differences	
L:abilities Net assets	31,915 246,025	23,669 275,937	_29,912	:
	Miscellaneous Information Amended return Return / extended due date Failure to file penalty	mation		

# **Filing Instructions**

### CRESCENDO ACADEMY OF MUSIC

# **Exempt Organization Tax Return**

# Taxable Year Ended June 30, 2016

Date Due:

November 15, 2016

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/16 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Meyer & Allwardt, P.C., CPA 4341 S Westnedge Ave Suite 1205

Kalamazoo, MI 49008

Other:

Initial and date the copies of the IRS e-file Signature Authorization and the Form

990. Retain them for your records. If previously signed and returned no further

action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.