Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

Α	For the 2016 c	alendar year, or tax year beginning $07/01/16$, and ending $06/30$	/17		
В	Check if applicable:	C Name of organization		D Employer id	entification number
Li	Address change	CRESCENDO ACADEMY OF MUSIC			
	Name change	Doing business as		38-27	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 359 SOUTH BURDICK	Room/suite	E Telephone n	umber 45-6664
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		203 3	10 0001
	terminated	KALAMAZOO MI 49007		G Gross receipt	633,112
	Amended return	F Name and address of principal officer:		G Oloss leceipt	
	Application pending	ELIZABETH ROHS	H(a) Is this a gr	oup return for subo	rdinates? Yes X No
		359 S BURDICK	H(b) Are all sub	pordinates include	d? Yes No
		KALAMAZOO MI 49007	If "No	" attach a list. (se	e instructions)
ı	Tax-exempt status:	X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527			
٦ ا	Website: ▶ C	RESCENDOACADEMY.COM	H(c) Group exe	emption number	•
ĸ	Form of organization	X Corporation Trust Association Other ► L	Year of formation: 1	.988 м	State of legal domicile. MI
F	<mark>Part I</mark> Su	ummary			
	1 Briefly de	escribe the organization's mission or most significant activities:			
ė	TO E	PROVIDE MUSIC EDUCATION TO STUDENTS OF ALL AGES.			
and					
Governance					
, 0,	2 Check th	is box if the organization discontinued its operations or disposed of more than	25% of its net as	sets.	
య	3 Number	of voting members of the governing body (Part VI, line 1a)			10
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	10
Activities	5 Total nui	mber of individuals employed in calendar year 2016 (Part V, line 2a)			4 5
Act	6 Total nui	mber of volunteers (estimate if necessary)		6	30
-	7a Total uni	related business revenue from Part VIII, column (C), line 12		7a	46
-	b Net unre	lated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b	0
			Prior Ye		Current Year
ne	8 Contribu	tions and grants (Part VIII, line 1h)		6,354	140,545
Revenue	9 Program	service revenue (Part VIII, line 2g)	4.3	6,681	491,863
Rev	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		200	200
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		491 3,726	283
_		renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			632,891
	1	and similar amounts paid (Part IX, column (A), lines 1–3)		8,578	27,007
		paid to or for members (Part IX, column (A), line 4)	41	2 205	0
ses	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)	41	3,285	424,278
xpenses	16a Professi	onal fundraising fees (Part IX, column (A), line 11e)			0
Ä		ndraising expenses (Part IX, column (D), line 25) ► 0	1.6	1,951	170,915
_	17 Other ex	repenses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,814	622,200
	1	penses. Add lines 13–17 (must equal Part IX, column (A), line 25) e less expenses. Subtract line 18 from line 12		9,912	10,691
٠.	s Revenue	e less expenses. Subtract line 10 from line 12	Beginning of Cu		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)		9,606	319,548
Ass	21 Total lial	pilities (Part X, line 26)		3,669	32,920
Se	22 Net asse	ets or fund balances. Subtract line 21 from line 20	27	5,937	286,628
		ignature Block			
ι	Jnder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the l	oest of my know	wledge and belief, it is
t	rue, correct, and o	complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	ge.	
Si	gn 📗	Signature of officer		Date	
He	ere		IDENT		
_		Type or print name and title			
		Preparer's name Preparer's signature ALLIWADDIT	(A) Date	Check	if PTIN
Pa	MINDI	ALLINARUI	1 1 / J	self-empi	
	eparer Firm's n			Firm's EIN	54-2179284
US	e Only	4341 S WESTNEDGE AVE SUITE 1205			0.00 0.40 0.50
	Firm's a			Phone no.	<u>269-343-9700</u>
Ma	ay the IRS discu	ss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2016) CRESCENDO ACADEM		38-2787387	Page 2
Pa		vice Accomplishments as a response or note to any lir	ne in this Part III	
1 T	Briefly describe the organization's mission: O PROVIDE MUSIC EDUCAT	ION TO STUDENTS OF	ALL AGES.	
2	Did the organization undertake any significan	nt program services during the year wh	nich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
2	If "Yes," describe these new services on Sch			
3	Did the organization cease conducting, or maservices?	ake significant changes in how it cond	ucts, any program	Yes X No
	If "Yes," describe these changes on Schedul	e O.		tes A No
4	Describe the organization's program service		largest program services, as measured	by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ of the total expenses, and revenue, if any, for expenses are total expenses.		amount of grants and allocations to other	ers,
4a	(Code:) (Expenses \$	578,275 including grants of \$	27,007) (Revenue	•
	ROVIDE MUSIC EDUCATION	TO STUDENTS OF AL.	L AGES.	y ,)

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	***************************************		••••••	
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	· · · · · · · · · · · · · · · · · · ·			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	\$
	(Language 1)	modeling grants of C) (Revenue	Ψ
	· · · · · · · · · · · · · · · · · · ·			

4c	(Code:) (Expenses \$	including grants of \$) (Revenue	\$
		modeling grants or \$	(Kevenue	Ψ, ,
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			

4rl	Other program services (Describe in Schedu	le O)		7.1.2
74		cluding grants of \$) (Revenue \$)
4e	Total program service expenses ▶	578,275	/ 3:	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes." complete Schedule C, Part II	4	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		₹.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
Ū	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,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		- 22
	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			- <u></u>
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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			
	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,"			
	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			į.
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	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			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		^
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Vos." complete Schedule E. Darte Land 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	140		- 21
	for any foreign organization? If "Voc." complete School No. E. Dorto II and IV	15	i	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u></u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			001	^

Form 990 (2016) CRESCENDO ACADEMY OF MUSIC

Part IV Checklist of Required Schedules (continued) Checklist of Required Schedules (continued)

	enounce of required contractor (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	. 00	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 on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	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		†
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		200	-	
~	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	200		
	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			
	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):		.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1000000000	X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
~	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	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? <i>If "Yes," complete Schedule N</i> ,			† ·
٥,	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			+
32	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	+
55	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? <i>If "Yes," complete Schedule R, Parts II, III,</i>		 	+
J-7	or IV. and Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b		35h		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		+
20		36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	30	+	+^
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
30	***************************************	31	 	+^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		x
	19? Note. All Form 990 filers are required to complete Schedule O.	38	.1	$\perp \Delta$

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this

Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable □ Enter the number of Forms W-25 included in line 1s. Enter -0- if not applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and recordable gaming (gambling) with backup withholding rules for reportable payments to vendors and recordable gaming gambling with backup withholding rules for reportable payments to vendors and recordable gaming gambling with some property. The property of the recordable gaming gambling with some property of the payment to recordable gaming gambling with some property. The payment to recordable gaming gambling with some property of the payment to recordable gaming gambling with some property. The payment to recordable gaming gambling with some property of the payment to recordable gaming gambling with some property. The payment to recordable gambling gambling with some property of the payment to recordable gambling gambling with some property. The payment gambling ga		Crieck if Schedule O contains a response or note to any line in this Part V					
b. Enter the number of Forms W 2G included in line 1s. Enter-0+ not applicable Did the organization comply with beacus withholding ruses for reportable payments to vendors and reportable gamme (gamme) gammen ga	10	Enter the number reported in Day 2 of Form 1000 Fator 0 if not applicable	ایما	E	9333333333 93333333333	Yes	No
to be the organization comply with backup withholding rules for reportable payments to venoors and reconsible gaming (gaming), winnings to other winners? 2a Effect the number of employees reported or Form W-S. Transmittal of Wage and Tax 3b Effect the number of employees reported or Form W-S. Transmittal of Wage and Tax 3c Effect the number of employees reported or Form W-S. Transmittal of Wage and Tax 3d Note the organization have unless to an 2a sit greater than 250, you may be required to e-file (see instructions) 3c Iffer an	_		·				
seportable gaming (gaminling) winnings to prize winners? Either the number of employees reported on Farm W.3. Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return I statements, fled for the calendar year ending with or within the year covered by this return I by I all least one is reported on line 2.6, did the organization file all required feoeral employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) I i I was the organization have unreliable business goes income of \$1,000 or more during the year? So Did the organization have unreliable business goes income of \$1,000 or more during the year? So Was I if was in fled a form 950 or for this year? If Vive I bin 80, private an explanation in Schedule 0 If I was in fled a form 950 or file year in 1974 to I bin 80, private an explanation or other financial account in serior gince country (see in a signature or other authority over a financial account in serioris country). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes it is the name of the foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) But set the organization approach is a prohibited tax sheller transaction? So Was the organization approach is a prohibited tax sheller transaction? So Did any tixole party notify the organization file Finan 8866.7? So Did the organization include with every solicitation are explained than \$100,000, and did the organization include with every solicitation are explained solicitations and partly for goods and services provided to the payor? If "Yes," include the organization receive a popyment in excess of \$75 made partly as a contributions or partly and account of the second solicitation foreign and account to the organization receiver a popyment of the second solicit			10				
2a Effect the number of employees reported on Form W5 Transmitts of Wage and Tax Statements, field of the calendar year ending with or within the year excered by this return 5 If least one is reported on line 2,0 did the organization file all requires federal employment tax returns? 2b If Yes, Tas is filled a Form 950-1 for this year? If Yes to sing be required to e-file see enstructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, Tas is filled a Form 950-1 for this year? If Yes to sing \$0,000 or more during the year and the organization have entireties in, or a signature or other untronty over, a financial account? 5c If Yes, Tenter the name of the foreign country, Such as a bank account; securities account; over, a financial account in a foreign country. 5c If Yes, Tenter the name of the foreign country, Such as a bank account; securities accounts or filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, Tenter the name of the foreign country, FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, Tenter the name of the foreign country. 5c If Yes, Tenter the name of the foreign country. 5c If Yes, Tenter the name of the foreign country. 5c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country. 6c If Yes, Tenter the name of the foreign country.	·					37	
Statements, filed for the calendar year ending with or within the year covered by this return Statements Filed for the calendar year ending with or within the year covered by this return Statements S	22				1c	Λ	
b Far least one is reported on hime 2a, did the organization this eal required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 7b Far's, has at files a Form 990-T for this year? If You' To line 3b, provide an explanation in Schedule O	Za		۱ ۵-	45			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Dit the organization have united 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 fine 3b, provide an explanation in Schedule O 3b If "Yes" has it filed a Form 990.T for this year? If "No" to fine 3b, provide an explanation in Schedule O 3b If "Yes" the during the calendar year, dot the organization have an interest in, or a signature or other authority over a fannacial account in a foreign country, such as a bank account; securities account or other flaminal accounts of the foreign country. If yes in the security of the secu	h			40		77	
3a De the organization have unrelated business gross income of \$1,000 or more during the year? 5b If Yes; has it flied a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial accounts over, a financial account in a foreign country [such as a bank account, securities account, or other financial accounts [FBAR] 5b If 'Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial Accounts [FBAR] 5c If 'Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial Accounts [FBAR] 5c If 'Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial Accounts [FBAR] 5c If 'Yes, 'enter the name of the foreign country [such as a bank account, securities account, securities accounts [such as a security securi	D	· ·			20	^	
b F **Ves.* has it filled a Form 990-T for this year? **I **No* **I bite 93, provide an exploration in Schedule O At any time during the calendary year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country Such as a bank account, securities account, or other financial account in a foreign country See instructions for fiting requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	32		5)				v
4a At any time during the calendar year individe organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts over, a financial account in a foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FARR). 58 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 file Form 988617. 5b X C If "Yes" is one Sa or Sb oil dhe organization file Form 988617. 5c C If "Yes" to line Sa or Sb oil dhe organization file Form 988617. 5c Did she organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an expension standard contributions or gifts were not tax deductibles of accountable contributions? 5c C Pode the organization netwee with every solicitation an expension standard contributions or gifts were not tax deductible? 6c O Did the organization receive a payment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor? 5d If "Yes" indicate the number of Forms 88287 filed during the year 6c Did the organization sell, exchange, or otherwise dispose of tangine personal property for which it was required to life Form 88297 are on the walked during the year 7d Did the organization received a contribution of qualified intellectual property, do the corganization file Form 8899 as required? 7d Did the organization received a contribution of qualified intellectual property, do the corganization file Form 8899 as required to file form 8897 and payment or decrease bodies, sholings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxabel estimbilitions under section 4966? 9 Sponsoring orga							_ <u>^</u>
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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

-	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		163	110
	If there are material differences in voting rights among members of the governing body, or	10				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1			
-	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					<u> </u>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		
-	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			100		
_	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:			
а	The governing body?	u, .		8a	X	300000000000
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			0.2		†
•	the organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue Co		I.	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			700		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	the f	orm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	onflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	x	000000000
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation 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		Spranovini.
Sec	tion C. Disclosure		· · · · · · · · · · · · · · · · · · ·	1	1	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	(-)(1/			
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est pa	licy, and			
	financial statements available to the public during the tax year.		y , =			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords:	•			
	UDREY LIPSEY 359 S BURDICK					
	MT /90	07	26	9-34	5_4	: 66.

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.

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unie	ss per	tion more the son is	nan one both an 'trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KATHY ASKLER									
	0.00							_	
BOARD MEMBER	0.00	X					0	0	0
(2) JOE REISH									
	0.00								
BOARD MEMBER	0.00	X				-	0	0	0
(3) DIANA FALAHEE	0.00								
<u> </u>	0.00								
BOARD MEMBER	0.00	X				-	0	0	0
(4) RICHARD CHERRY	0 00								
	0.00							_	
BOARD MEMBER (5) REV BETH MCLAREI	0.00	X	_				0	0	0
(5) REV BETH MCLAREI	0.00								
BOARD MEMBER	0.00	X					0	0	0
(6) SCOTT RUSSELL	0.00	^						0	0
(0) DCCII ROSSEIII	0.00								
BOARD MEMBER	0.00	x					0	0	0
(7) ONUR ARUGASLAN	0.00	1	-			-		0	1
(// OROR THOORSEE	0.00								
TREASURER	0.00	-		x			0	0	0
(8) DAVID DIGIOVANN		-							
(9, 2221 22 22 22 22 22 22 22 22 22 22 22 2	0.00								
SECRETARY	0.00	1		x			0	0	0
(9) ELIZABETH ROHS									
, ,	0.00								
PRESIDENT	0.00			X			0	0	0
(10) LINNAEA THOMAS									
	0.00								
VICE PRESIDENT	0.00			X			0	0	0
(11)									
DAA			1	<u> </u>				<u> </u>	Form 990 (2016)

(A) Name and title	(B) Average hours per week (list any hours for	off	x, unle	check ess pe nd a d	ition more rson i irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** <u>2</u> *********************************	organization and related organizations
Sub-total Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	icluding but not I	imite	d to		e lis	ted a	b b bov	e) who received more than	\$100,000 of	
 3 Did the organization list any for employee on line 1a? If "Yes." 4 For any individual listed on line organization and related organization and related organization and person listed on line 1 	complete Schede 1a, is the sum nizations greater	dule of re than	J for port \$15	suc able 50,00	h ind com 10? I	dividu ipens f "Ye	ial satio s." c	on and other compensation complete Schedule J for su	from the ch	3 X 4 X
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contracto	ganization? If "Y								rindividual	5 X
Complete this table for your five compensation from the organization.	zation. Report co	ensa ompe	ted i	inder ition	oenc for t	lent o	contralend	dar year ending with or with	nin the organization's tax y	
Name and	(A) business address							Descrip	(B) tition of services	(C) Compensation
							-			
2 Total number of independent of	contractors (in the	- جائم،		not	line:4	od 4-	46-			

Form 990 (2016) CRESCENDO ACADEMY OF MUSIC 38-2787387 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue Unrelated business Total revenue excluded from tax exempt function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 140,545 1f g Noncash contributions included in lines 1a-1f: 140,545 h Total. Add lines 1a-1f Program Service Revenue Busn. Code TUITION 396,617 396,617 2a 68,449 68,449 b MARVELOUS MUSIC 21,050 21,050 С REGISTRATION FEES 4,947 4,947 MANDOLIN ORCHESTRA 800 800 PERFORMANCE FEES f All other program service revenue g Total. Add lines 2a-2f 491,863 Investment income (including dividends, interest, 200 200 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps c Rental inc. or (loss) Net rental income or (loss) \triangleright Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events > 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses

▶

267

221

Busn. Code

46

237

237

632,891

237

492,100

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

10a Gross sales of inventory, less

returns and allowances

b Less: cost of goods sold

MISCELLANEOUS

Total. Add lines 11a-11d

Total revenue. See instructions

All other revenue

200
Form 990 (2016)

11a

b

Form 990 (2016) CRESCENDO ACADEMY OF MUSIC 38-2787387 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. (C) Management and (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 27,007 27,007 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 390,044 350,795 39,249 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 34,234 30,984 3,250 10 Payroll taxes Fees for services (non-employees): 11 Management **b** Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 6,302 6,302 10,772 10,772 12 Advertising and promotion 14,277 14,277 13 Office expenses 1,501 1,501 14 Information technology 15 Rovalties 55,535 55,535 16 Occupancy 1,377 1,377 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 2,900 2,900 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,918 2,492 1,426 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

43,338

12,081

6,917

3,999

7,998

622,200

43,338 12,081

6,917

3,999

7,998

43,925

578,275

20	John Costs. Complete this line only if the
	organization reported in column (B) joint cost
	from a combined educational campaign and
	fundraising solicitation. Check here ▶
	following SOP 98-2 (ASC 958-720)

All other expenses

MARVELOUS MUSIC EXP

GROUP CLASS EXPENSES PROCESSING FEES

Total functional expenses. Add lines 1 through 24e

KSO ARTIST IN RESIDENCE

b

С

d

е

0

Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line	e in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			70,583	1	98,868
	2	Savings and temporary cash investments			25	2	25
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,962	4	19,619
	5	Loans and other receivables from current and former of	fficers, dire	ctors,			
		trustees, key employees, and highest compensated er	nployees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pe					
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		sponsoring organizations of section 501(c)(9) voluntary	employee:	s' beneficiary			
şţ		organizations (see instructions). Complete Part II of Sc	chedule L			6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or					
		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	34)		299,606	16	319,548
	17	Accounts payable and accrued expenses		172	17	700	
	18	Grants payable		18			
	19	Deferred revenue			23,497	19	32,220
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV				21	
es	22	Loans and other payables to current and former officer		,			
=		trustees, key employees, highest compensated employees	yees, and				
Liabilities		disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated this				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24). Complete	e Part X			
		of Schedule D			00.660	25	
	26	Total liabilities. Add lines 17 through 25		125	23,669	26	32,920
s		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶	<u>X</u> and			
၁၄		complete lines 27 through 29, and lines 33 and 34.			051 600		000 000
alaı	27	Unrestricted net assets			251,690		273,222
90	28	Temporarily restricted net assets			24,247		13,406
Š	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95	oo), cneck l	here ▶ and		1	
ts c	20	complete lines 30 through 34.					
sse	30	Capital stock or trust principal, or current funds				30	
Ë	31	Paid-in or capital surplus, or land, building, or equipme				31	
Š	32	Retained earnings, endowment, accumulated income,	or other fur	nas	275 027	32	206 600
	33	Total net assets or fund balances			275,937		+
	34	Total liabilities and net assets/fund balances			299,606	34	319,548

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets			ı aç	, <u>v . =</u>
	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	32,8	391
2	Total expenses (must equal Part IX, column (A), line 25)	2	62	22,2	200
3	Revenue less expenses. Subtract line 2 from line 1	3]	.0,6	591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27	75,9	937
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	28	36,0	628
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		·
				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		<u> X</u>
	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?		2b		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				
С	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	20230444044	
	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		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

CRESCENDO ACADEMY OF MUSIC Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number 38-2787387

The	org	anization is not	a private fo	oundation beca	use it is	: (For li	nes 1 t	hrough 12	, check o	nly one I	box.)		
1		A church, co	nvention of	churches, or a	ssociati	on of ch	nurches	describe	d in secti	on 170(b)(1)(A)(i).	
2	X	A school des	scribed in se	ection 170(b)(l)(A)(ii).	(Attach	n Sched	dule E (Fo	rm 990 o	990-EZ	Z).)		
3		A hospital or	a cooperat	ive hospital se	vice org	janizatio	on desc	cribed in s	ection 17	'0(b)(1)	(A)(iii)).	
4		A medical re	search orga	anization opera	ted in co	onjuncti	ion with	a hospita	al describe	ed in sec	ction	170(b)(1)(A)(iii). Enter the h	ospital's name.
		city, and stat										. , , , , ,	
5	_	An organizat	ion operate	d for the benef	it of a co	ollege o	r unive	rsity owne	ed or oper	ated by	a gov	ernmental unit described in	
				. (Complete Pa				,			- 3		
6				government o		mental	unit de	scribed in	section	170(b)(1	1)(A)(\	/).	
7		An organizat	ion that nor	mally receives	a subst	antial p	art of it					nit or from the general public	
8				0(b)(1)(A)(vi). ribed in sectio i				mplete Pa	art II.)				
9										ated in d	coniur	nction with a land-grant colle	ge
	Marie a series	or university university:	or a non-lai	nd grant colleg	e of agri	iculture	(see in	structions). Enter th	ne name	e, city,	and state of the college or	90
10	<i>F</i> 1		ion that nor	mally receives	(1) mo	re than	33 1/39	% of its su	innort fror	n contrit	hution	s, membership fees, and gro	· · · · · · · · · · · · · · · · · · ·
	_											no more than 33 1/3% of its	J33
		support from	gross inve		and uni	related	busines	ss taxable	income (ess sec	ction 5	11 tax) from businesses	
11		7		ed and operate								(2)(4)	
12		5 T	-			•			,			(ब)(क). s of, or to carry out the purpo	200
												9(a)(2). See section 509(a)(
												complete lines 12e, 12f, an	
	а	Type I. A	supporting	organization o	perated	d, super	vised,	or controll	ed by its :	supporte	ed org	anization(s), typically by givi	ng
		the supp	orted organ		ower to	regular	rly appo	oint or elec	ct a major			ctors or trustees of the	
	b	Type II.	A supportin	g organization	supervis	sed or c	controlle	ed in conn	ection wit	h its sui	pporte	ed organization(s), by having	
												introl or manage the support	
				must comple								, ,	
	С											and functionally integrated w	vith,
			-	zation(s) (see i				-				• •	
	d											vith its supported organization	
				ily integrated. I structions). Yo i								quirement and an attentiven	ess
	е					•		-				a Type I, Type II, Type III	
	-	functions	ally integrate	ed, or Type III i	on-func	a wille ctionally	intear	ated supp	ortina ora	anizatio	illis a n.	r rype i, rype ii, rype iii	
	f			ported organiz		,					•••		
	g		•	ormation about		ported	organi	zation(s).				•••••••••••••••••••••••	
	i) Nar	me of supported		(ii) EIN			e of orga		(iv) is th	e organiza	tion	(v) Amount of monetary	(vi) Amount of
	0	rganization					ed on line		1 ' '	your goveri		support (see	other support (see
						above (see instru	actions))	do	cument?	_	instructions)	instructions)
									Yes	No	<u> </u>		
(A)					i.								
(B)			ļ				17			+		W	
(C)													
(D)					+					-	+		
								-					
(E)													
T-4	-1												
Tota	31		passassassassassassassassassassassassass						es Personal	4.000			1

38-2787387 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization should any "unusual grants") 3 The value of services or facilities furnished by a governmental unit to the organization without charge for the properties of the strain of the str	Sect	ion A. Public Support				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
membership fees received (Do not include any funsual grants") 2 Tax revenues levied for the organization's benefit and either paid to or experienced on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines it 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 show on in its 11, column of ganization included on line 1 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11 that exceeds 2% of the amount show on on ine 11, column of ganization included on line 11, column of ganization included on line 11, column of ganization ganizat	Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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. Sottract line is firmline 4. Section B. Total Support Calendar year (or fiscal year beginning in.) 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources. 9. Net income from unrelated business is regularly carried on 10. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1. Total support. Add lines 7 through 10. 2. Gross receipts from related activities, etc. (see instructions) 1. Title support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage in column (f) winded by line 11. column (f)) 1. Public support percentage from 2015 Schedule A. Part III, line 14. 1. Public support percentage in the organization did not check the box on line 13, 16a, and line 15 is 33 1/3% or more, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances	1	membership fees received. (Do not						
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 (ofter than a governmental unit or publicly supported organization included on line 1 that exceess 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Section B. Total Support Calendary year (or fiscal year beginning in) 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.) 11 Total support. Add lines 7 through 10 12 Gross receibts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 5 Section C. Computation of Public Support Percentage 14 Public support percentage from 2015 Scnedule A. Part II. line 14 15 Public support percentage from 2015 Scnedule A. Part II. line 14 16 Public support percentage from 2015 Scnedule A. Part II. line 14 17 In the form 90 stop the recent percentage organization of the organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualif	2	organization's benefit and either paid						
5 The portion of total contributions by each person (other tans a governmental unit or publicly supported organization; included on line ! that exceeds 2% of the amount shown on line ! 1, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 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) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 Schedule A, Part III, line 14 15 Public support percentage for 2015 Schedule A, Part III, line 14 16 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test—2016. If the organization did not check to box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 18 Private foundation. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-ci		furnished by a governmental unit to the organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage from 2015 Schedule A, Part II, line 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 15 16 33 1/3% support test—2016. If the organization did not check he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17 In the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization meets the "facts-and-circumstances" test.	4							
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 First five years. If the Form 990 is for the organization sfirst, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 33 1/3% support test—2015. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 33 1/3% support test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization under the supported organization organization where is a publicly supported organization organizati	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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							
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Giffs, grants, contributions, and membership							
	fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
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	***************************************	-00000000000000000000000000000000000000				344400000	
8	Public support. (Subtract line 7c from							
500	line 6.) tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(4) 2015	(a) 2016		(f) Total
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
þ	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's firs	st, second, third, fo	urth, or fifth tax ve	ar as a section 50	1(c)(3)		
	organization, check this box and stop her	-	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	 		> [
Sec	tion C. Computation of Public S	upport Percen	tage					
15	Public support percentage for 2016 (line 8	3, column (f) divide	d by line 13, colun	nn (f))			15	%
16	Public support percentage from 2015 Sch	edule A. Part III, li	ne 15				16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage					
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13	3, column (f))			17	%
18	Investment income percentage from 2015			*******			18	%
19a	33 1/3% support tests—2016. If the orga		the state of the s	e 14, and line 15 is	s more than 33 1/3	%, and line		
	17 is not more than 33 1/3%, check this b							>
b	33 1/3% support tests—2015. If the orga						and	
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization di		_	•		-		>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 12a or 12b in Part I. answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 I of 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) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 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
4		
1		
2		
3a		
_ V u		
3b		
3c		
4a		
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9a 9b		
9a 9b		
9a 9b		
9a 9b 9c		

Par	t IV Supporting Organizations (continued)			- rage c
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).		
				,
2 .	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1 -
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on N ov. 20, 1	970 (explain in Part VI).Se	e
instructions. All other Type III non-functionally integrated supporting organization	is must comp	lete Sections A through E.	
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		Wardenble Walter
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		I supporting organization (s	:00

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	tion is responsive	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	<u> </u>		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013		1787	
<u>d</u>	From 2014			
	From 2015		3.000	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
j	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
*	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

orm 990, 990-EZ,

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

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

CRESCENDO ACAI	DEMY OF MUSIC	38-2787387
Organization type (check one	e):	
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	I
	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	
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See
General Rule		
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions to property) from any one contributor. Complete Parts I and II. See instructions for stributions.	
Special Rules		
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % suptions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-that received from any one contributor, during the year, total contributions of the ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Comple	-EZ), Part II, line greater of (1)
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received by year, total contributions of more than \$1,000 exclusively for religious, charitable all purposes, or for the prevention of cruelty to children or animals. Complete Part	e, scientific,
contributor, during the contributions totaled r during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received by year, contributions exclusively for religious, charitable, etc., purposes, but no somore than \$1,000. If this box is checked, enter here the total contributions that we exclusively religious, charitable, etc., purpose. Don't complete any of the parts is to this organization because it received nonexclusively religious, charitable, etc. re during the year	such vere received unless the
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedul ist answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of it o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990)	its Form 990-EZ or on its

Name of organization

CRESCENDO ACADEMY OF MUSIC

Employer identification number 38-2787387

Part I	Contributors (See instructions). Use duplicate copies of Pa	art 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	\$ 8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	IRVING S GILMORE FOUNDATION 136 E MICHIGAN AVE KALAMAZOO MI 49007	\$ 58,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	STATE OF MICHIGAN MCACA BUDGET OFFICE LANSING MI 48330	\$ 21,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	HAROLD & GRACE UPJOHN FOUNDATION 136 E MICHIGAN AVE KALAMAZOO MI 49007	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	RESCENDO ACADEMY OF MUSIC		38-2787387
Pa	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		ccounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organizat	ion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	s located >	
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation easen	nents during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i))
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation easer	ments in its revenue and expense statemen	nt, and
	balance sheet, and include, if applicable, the text of the footnote to th	e organization's financial statements that d	escribes the
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and b	palance sheet
	works of art, historical treasures, or other similar assets held for publi		
	public service, provide, in Part XIII, the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	nce sheet
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or		ovide the
	following amounts required to be reported under SFAS 116 (ASC 958	B) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		 > \$
h	Assets included in Form 990, Part Y		▶ €

Pa	art III Organizations Maintaining	Collections of Art, F	listorical Treasure	s, or Other	Similar Ass	sets (continue	ed)
3	Using the organization's acquisition, accessic collection items (check all that apply):						
а	Public exhibition	d Loan or	exchange programs				
b	Scholarly research	e Other					
С	Preservation for future generations						
4	Provide a description of the organization's co	liections and explain how th	ey further the organizati	ion's exempt pu	rpose in Part		
	XIII.						
5	During the year, did the organization solicit or						
Consumer Con	assets to be sold to raise funds rather than to		e organization's collecti	ion?	<u> </u>	Yes	No.
Pa	ert IV Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.	answered "Yes" on Fo	orm 990, Part IV, Iin	ie 9, or repor	ted an amo	ount on Form	
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or other as	ssets not			
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following	:able:				
	B					Amount	
	Beginning balance				1c		
	Additions during the year				1d		
_	Distributions during the year				1e		
1	Ending balance	000 D-d V K 04 f			1f		F
	Did the organization include an amount on Fo					Yes	No.
	If "Yes," explain the arrangement in Part XIII. Endowment Funds.	Check here if the explanati	on has been provided of	n Part XIII		<u></u>	
	Complete if the organization	answered "Yes" on Fo	orm 990 Part IV lin	ne 10			
	Gomplete ii the organization			o years back	(d) Three years to	hack (a) Equit	voors beek
1a	Beginning of year balance	(a) carrent year	7 mor year (c) 7 m	o years back	(u) Tillee years t	Jack (e) Four y	ears back
	Contributions						
	Net investment earnings, gains, and						
A	losses Crants or cabalarabins						
	Other expenditures for facilities and						
	programs						
f	Administrative expenses				·		
g	End of year balance						
2	Provide the estimated percentage of the curre	ent year end balance (line 1	g, column (a)) held as:				
	Board designated or quasi-endowment ▶						
	Permanent endowment ▶ %						
С	Temporarily restricted endowment ▶	· · · · · · · %					
	The percentages on lines 2a, 2b, and 2c show	*					
3a	Are there endowment funds not in the posses	sion of the organization tha	t are held and administe	ered for the		_	
	organization by:						Yes No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza					3b	
4	Describe in Part XIII the intended uses of the		funds.				
	Land, Buildings, and Equip		000 D= (1) ("	- 44 C -	- 000	5 (34)	
	Complete if the organization	1	l .				
	Description of property	(a) Cost or other basis	(b) Cost or other basis		umulated	(d) Book va	alue
	Lond	(investment)	(other)	aepre	eciation	3	
	Land						
	Buildings						
	Leasehold improvements		201 00	0.6			1 00
	Equipment		201,03	00		20	1,036
	Other I. Add lines 1a through 1e. (Column (d) must e	nual Form 990 Port V cal-	mn (R) line 10a)				1 000
- Ola	i. Add tilles Fa tillough Te. (Column (a) must e	quai Fuiiii 990, Pari X, Coll	IIIII (D), IINE TUC.)		<u> </u>	1 20	<u>1,036</u>

		(b) Book value	line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) book value	Cost or end-of-year market value
(1) Financial d	erivatives		
	ld equity interests		
(3) Other			
(A)			
(B)			
(C)		-	
(D)			
(E)	***		
(F)			
(G)			
(H)			
Total. (Column	n (b) must equal Form 990. Part X. col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation.
			Cost or end-of-year market value
(1)			
(2)			
_(3)			
_(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X. col. (B) line 13.)		
Part IX	Other Assets.		
	Complete it the organization answered "Yes" of	n Form 990, Part IV.	line 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities.		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities.	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	(a) Description (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability	n Form 990, Part IV,	(b) Book value

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

		No. of Children Physics		
	art XI Reconciliation of Revenue per Audited Financial S		ie per Return.	
4	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:	1 1		
а	Net unrealized gains (losses) on investments	2a		
þ		2b		
С	j j	2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b	(=	4b		
_C			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12		5	
P	Reconciliation of Expenses per Audited Financial		ises per Return.	
	Complete if the organization answered "Yes" on Form	1990, 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:	اما		
a		2a		
b		2b		
۲ C		2c 2d		
d			20	
е 3	Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		4a		
b		4b		
c			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line	18)	5	-
P	art XIII Supplemental Information.	10.)		
*******	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line	· · · · · · · · · · · · · · · · · · ·
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
			ition.	
	art signification and the fact significant and the signification of the parties		ition.	
		o provide any additional informa		
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Schedule D (F	orm 990) 2016	CRESCENDO AC	ADEMY C	F MUS	C	38-27873	87	Page 5
Part XIII	Supplemer	ital Information (con	tinued)	-				
		• • • • • • • • • • • • • • • • • • • •						
					,			
							• • • • • • • • • • • • • • • • • • • •	

			•					

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CRESCENDO ACADEMY OF MUSIC

Employer identification number 38-2787387

	m I		r	
I	Does the experientian have a reciplly and discriminate of the Policy of	۲	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?	1	х	
?	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, programs, and scholarships?	2	x	
	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 THE PRINTED BROCHURE ON THE ORGANIZATION STATES ITS RACIALLY	3	X	
	NONDISCRIMINATORY POLICY WHEN SOLICITING STUDENTS.			
	· · · · · · · · · · · · · · · · · · ·			
_	Does the organization maintain the following?		7.7	
a L	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	\vdash
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	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:			l
а	Students' rights or privileges?	5a		
b	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		
d	Scholarships or other financial assistance?	5d		
9	Educational policies?	5e		H
f	Use of facilities?	5f		L
g	Athletic programs?	5g		
.	Other putre question les autilitées 2			
n	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		
	The you allowered Tes to any of the above, please explain. If you need those space, use Part II.			
			1	
			1	
а	Does the organization receive any financial aid or assistance from a governmental agency?	6a		
o	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			Γ
	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		x	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Open to Public Inspection 2016 OMB No. 1545-0047

> ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990.

Name of the organization	ganization						Empl	Employer identification number
	CRESCENDO ACADEMY OF MUSIC	F MUSIC					38	38-2787387
Part	General Information on Grants and Assistance	Assistance						
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e amount of the gr	rants or assi	stance, the grantees	eligibility for the gran	ts or assistance, and	d	X Yes No
Part II	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. It II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	nestic Organi	grant funds in izations a	n the United States.	vernments. Con	nplete if the orga	nization answe	
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	hat received m	nore than \$	\$5,000. Part II car	n be duplicated if	additional space	e is needed.	
	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
						-		
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in	ganizations listed	in the line 1 table	table				A
3 Enter	Enter total number of other organizations listed in the line 1 table	1 table						▲

Schedule I (Form 990) (2016)

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

Schedule I (Form 990) (2016) CRESCENDO ACADEMY OF MUSIC

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
1 SCHOLARSHIPS	ARSHIPS	65	27,007			
2						
1 69						
4						
. ro						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information red	quired in Part I, line 2	, Part III, column (b)	and any other additional in	nformation.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2 FAMILIES WISHING FINANCIAL ASSISTANCE IN THE FORM OF SCHOLARSHIPS APPLY AT

THE ARTISTIC AND OPERATIONS DIRECTORS REVIEW THE CRESCENDO'S OFFICE. THE SCHOLARSHIP IS IN ELIGIBILITY AND APPROVE ALL SCHOLARSHIP AMOUNTS. THE STUDENT CONTINUES LESSONS AT EFFECT FOR ONE SCHOOL YEAR, AS ALONG AS

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization

CRESCENDO ACADEMY OF MUSIC

38-2787387

Employer identification number

FORM 990, PART I, LINE 6
VOLUNTEERS ASSIST IN RECITALS, ART EVENTS AND PUBLIC PERFORMANCES.
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

Form **990**

Two Year Comparison Report

For calendar year 2016, or tax year beginning

ending

06/30/17

2015 & 2016

Name

07/01/16

Taxpayer Identification Number

(CRI	ESCENDO ACADEMY OF MUSIC			38-2	2787387
				2015	2016	Differences
	1.	Contributions, gifts, grants	1.	196,354	140,545	-55,809
	2.	Membership dues and assessments	2.			,
	3.	Government contributions and grants	3.			
ne	4.	Program service revenue	4.	436,681	491,863	55,182
_	5.	Investment income	5.	200	200	
>	6.	Proceeds from tax exempt bonds	6.			
2	7.	Net gain or (loss) from sale of assets other than inventory	7.			
	8.	Net income or (loss) from fundraising events	8.			
	9.	Net income or (loss) from gaming	9.			
	10.	Net gain or (loss) on sales of inventory	10.	-78	46	124
	11.	Other revenue	11.	569	237	
	12.	Total revenue. Add lines 1 through 11	12.	633,726	632,891	-835
	13.	Grants and similar amounts paid	13.	28,578		
	14.	Benefits paid to or for members	14.			
S	15.	Compensation of officers, directors, trustees, etc.	15.			
S	16.	Salaries, other compensation, and employee benefits	16.	413,285	424,278	10,993
ē	17.	Professional fundraising fees	17.			
α×	18.	Other professional fees	18.	5,344	6,302	958
Ш	19.	Occupancy, rent, utilities, and maintenance	19.	54,577	55,535	958
	20.	Depreciation and Depletion	20.			
	21.	Other expenses	21.	102,030	109,078	7,048
	22.	Total expenses. Add lines 13 through 21	22.	603,814		
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	29,912	10,691	
	24.	Total exempt revenue	24.	633,726	632,891	
	25.	Total unrelated revenue	25.	-78		
ioi	26.	Total excludable revenue	26.	437,450	492,300	54,850
nat	27.	Total assets	27.	299,606		
For	28.	Total liabilities	28.	23,669		
Other Information	29.	Retained earnings	29.	275,937		
hei	30.	Number of voting members of governing body	30.	11	10	
ō	31.	Number of independent voting members of governing body	31.	11	10	
	32.	Number of employees	32.	44	45	
	33.	Number of volunteers	33.	39	30	

Form **990T**

Name

Two Year Comparison Report

2015 & 2016

For calendar year 2016, or tax year beginning

07/01/16

ending 06/30/17

Taxpayer Identification Number

CRESCENDO ACADEMY OF MUSIC

38-2787387

	K	ESCENDO ACADEMY OF MUSIC			38-278	37387
				2015	2016	Differences
	1.	Gross profit/loss on business activities	1.	-78	46	124
	2.	Capital gains/losses	2.			
n e	3.	Income/loss from partnerships and S corporations	3.			
_	4.	Rental income (net of expense)	4.			
e >	5.	Unrelated debt-financed income (net of expense)	5.			
ο O	6.	Interest, and other income from controlled organizations (net of expense)	6.			· · · · · · · · · · · · · · · · · · ·
	7.	Investment income of specific organizations (net of expense)	7.			
	8.	Exploited exempt activity income (net of expense)	8.			
	l	Advertising income (net of expense)	9.			
	1	Other income	10.			- Contractor
	11.	Total trade or business income. Combine lines 1 through 10	11.	-78	46	124
		Compensation of officers, directors, and trustees	12.			
		Other salaries and wages	13.			
	ľ	Repairs and maintenance	14.			
		Bad debts	15.			
s	16.	Interest	16.			
Se	17.	Taxes and licenses	17.			
_	18.	Charitable contributions	18.			
b e		Depreciation and Depletion	19.			· · · · · · · · · · · · · · · · · · ·
_		Contributions to deferred compensation plans	20.		1	
_		Employee benefit programs	21.			
	l	Other deductions	22.			
	1	Total deductions. Add lines 12 through 22	23.			
	i	Taxable income before NOL. Subtract line 23 from 11	24.	-78	46	124
		Net operating loss deduction	25.		46	46
	1	Specific deduction	26.		1,000	1,000
	ł	Unrelated business taxable income.	27.	-78	-1,000	-922
	_	Income tax (corporate or trust)	28.		•	
its	1	Proxy tax	29.			
P		Alternative minimum tax	30.			
e -		Total taxes	31.			
ပ «ಶ	32.	Other credits	32.			
×	33.	General business credit	33.			
a		Credit for prior year minimum tax	34.			
•			35.			
	36.	Net tax after credits	36.			
	1	Recapture taxes	37.			
	1	Total Taxes	38.			
		Prior year overpayment and estimated tax payments	39.			
ъ	1	Payment made with extension	40.			***
_	1	Backup withholding and foreign withholding	41.			
f u	1	Other payments	42.			
o o	1	Total payments	43.			
-	1	Balance due/(Overpayment)	44.			
-		Overpayment applied to next year	45.			
_	1	Penalties	46.			
	1	Total due/(Refund)	47.			
						

Form 990		Tax Re	Tax Return History			2016
Name CRESCENDO 1	ACADEMY OF MUSIC	IC			Employer 38-2	Employer Identification Number 38-2787387
	- 1	2013	- 1			2017
Contributions, gifts, grants	119,920	172,167	225,847	196,354	140,545	
Membership dues Program service revenue	338,263	373,332	398,562	436,681	491,863	
Capital gain or loss	0	E L	-4,120		C C	
Investment income	707	45/	305	200	200	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss) Other revenue	748	2,300	4,211	491	283	
Total revenue	459,133	548,256	٠ ١	633,726	632,891	7.1
Grants and similar amounts paid	24,428	25,163	28,267	28,578	27,007	
Benefits paid to or for members						
Compensation of officers, etc.					- 1	
Other compensation	344,359	359,312	400,870	4	424,278	
Professional fees		3,459	2,866	5,344	6,302	
Occupancy costs	35,242	49,417	51,513	54,577	55,535	
Depreciation and depletion		- 1	1			
Other expenses	_	116,479		- 4	_	
Total expenses	450,778		623,420	603,814	622,200	The state of the s
Excess or (Deficit)	8,355	-5,574	1,385	29,912	10,691	
Total exempt revenue	459.133	548.256	624.805	633,726	632,891	
Total unrelated revenue	-102	-519	٠.	-78	46	
Total excludable revenue	459,235	376,608	395,712	437,450	492,300	
Total Assets	-	302,852	4	1	-	
Total Liabilities	_ ~	58,212	31,915	_	_	
Net Fund Balances	250,214	244,640	246,025	275,937	286,628	

Description	38-2787387	Federal Statements
Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or 9) INTEREST INCOME \$ 200 14		Taxable Interest on Investments
INTEREST INCOME \$\frac{200}{} 14	Descrip	
INTEREST INCOME \$\frac{200}{} 14		Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or %)
the state of the s	INTEREST INCOME	
	TOTAL	

38-2787387	Federal S	Federal Statements		
For	Form 990, Part IX, Line 11g - Othe	11g - Other Fees for Service (Non-employee)	employee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL	(9)	(9)	0	0
	Form 990, Part IX, Line	t IX, Line 24e - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
PIANO TUNING BAD DEBTS MEMBERSHIPS MANDOLIN ORCHESTRA	\$ 2,638 1,406 1,385 1,110	\$ 2,638 1,406 1,385 1,110	V >	₩
RECITALS MISCELLANEOUS PIANO MOVING DUES AND SUBSCRIPTIONS GRANT APPLICATION FEE	433 253 110 86 50	433 253 110 86 50		
BANK SERVICE CHARGES TOTAL	\$ 7,998	30	0 0	○

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17

38-2787387

CRESCENDO ACADEMY OF MUSIC

Revenue				
Contributions]	140,545		
Program service revenue		191,863		
Investment income	 	200		
Capital gain / loss				
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income	<u> </u>			
Other income		283		
Total revenue			632,891	
Expenses				
Program services	ţ	578,275		
Management and general		43,925		
Fundraising				
Total expenses			622,200	
Excess / (deficit)				10,691
Changes				
Net Asset / Fund I	Balance at End of Year			286,628
			=	
Reconciliation of	Revenue		== Reconciliation of E	
Reconciliation of	Revenue	Total expense	Reconciliation of E	xpenses
Reconciliation of otal revenue per financial statement ess:	Revenue	Total expense Less:		expenses
Reconciliation of otal revenue per financial statement	Revenue		es per financial statement	expenses
Reconciliation of otal revenue per financial statement ess:	Revenue	Less: Donated s	es per financial statement	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains	Revenue	Less: Donated s	es per financial statement services	xpenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services	Revenue	Less: Donated s Prior year	es per financial statement services	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries	Revenue	Less: Donated s Prior year Losses	es per financial statement services	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other	Revenue	Less: Donated s Prior year Losses Other Plus:	es per financial statement services	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other	Revenue s	Less: Donated s Prior year Losses Other Plus:	es per financial statement services adjustments	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses	Revenue	Less: Donated s Prior year Losses Other Plus: Investmen	es per financial statement services adjustments	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	Revenue s	Less: Donated s Prior year Losses Other Plus: Investmer Other Total	es per financial statement services adjustments nt expenses	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	Revenue s	Less: Donated s Prior year Losses Other Plus: Investmer Other Total	es per financial statement services adjustments nt expenses expenses per return	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	Revenue s 632,891	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending	es per financial statement services adjustments nt expenses	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other ius: Investment expenses Other Total revenue per return Assets	Beginning 299,606	Less: Donated s Prior year Losses Other Plus: Investmen Other Total Balance Sheet Ending 319,548	es per financial statement services adjustments nt expenses expenses per return	expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 299,606 23,669	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending 319,548 32,920	es per financial statement services adjustments nt expenses expenses per return Differences	Expenses ts 622,20
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets	Beginning 299,606	Less: Donated s Prior year Losses Other Plus: Investmen Other Total Balance Sheet Ending 319,548	es per financial statement services adjustments nt expenses expenses per return	Expenses ts 622,20
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other flus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 299,606 23,669	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending 319,548 32,920 286,628	es per financial statement services adjustments nt expenses expenses per return Differences	Expenses ts 622,20
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other flus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 299,606 23,669 275,937	Less: Donated s Prior year Losses Other Plus: Investmer Other Total Balance Sheet Ending 319,548 32,920 286,628	es per financial statement services adjustments Int expenses expenses per return Differences 10,6	Expenses ts 622,20
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other flus: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 299,606 23,669 275,937	Less: Donated s Prior year Losses Other Plus: Investmen Other Total Balance Sheet Ending 319,548 32,920 286,628	es per financial statement services adjustments Int expenses expenses per return Differences 10,6	Expenses ts 622,20