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

Department of the Treasury

Open to Public

_	Fan Al	- 2017 law	denotes and every seed and ending	6/20	2010
_			dar year, or tax year beginning 7/01 , 2017, and ending		, 2018
В	Check	ıf applıcable	C	- ' '	er identification number
	∐ Ac	ddress change	Maryland Music Educators Association Inc		5075299
	Na	ame change	791 Aquahart Road Ste 117	E Telepho	ne number
	Ini	itial return	Glen Burnie, MD 21061		
	HEI	nal return/terminated			
	$\boldsymbol{\vdash}$			G Gross re	S 604 461
	\vdash	mended return	[] []	(a) Is this a group return	(1)
	∐Ap	oplication pending			□'''
			Same As C Above Text	(b) Are all subordinates If 'No,' attach a list	(see instructions) Yes No
<u>L</u>	Tax-	exempt status	X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 1527		
J	Wel	bsite: ► ht	tp://www.mmea-maryland.org	(c) Group exemption nu	mber ►
ĸ	Form	n of organization	X Corporation Trust Association Other ►. L Year of formation	1957 M s	tate of legal domicile MT)
Pa		Summar		1337 1	
W.C	1	Briefly descri	be the organization's mission or most significant activities To provide	nnofossione	al dorral appears
	'				
బ్ర			c_teachers, opportunities for excellence for mu		
Ē		and to s	erve as an advocate for music education in Mary	Tand School	S
Governance				- 7, - - -	
3	2	Check this bo		e than 25% of its r	
9	3	Number of vo	oting members of the governing body (Part VI, line 1a) DEC 2018		3 9
S)			dependent voting members of the governing body (Part W.Fline 1b)		4 9
£			of individuals employed in calendar year 2017 (Rart V, line 2a)	7	5 4
Activities &			of volunteers (estimate if necessary)	بسسينسبال	6 0
₹			ed business revenue from Part VIII, column (C), line-12		7a 7,244.
	Ь	Net unrelated	business taxable income from Form 990-T, line 34		7b −19,337.
)	Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h).	18,2	10. 17,519.
Ž.	9	Program serv	rice revenue (Part VIII, line 2g)	606,8	
5	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		29. 586.
\mathcal{P}			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
Y			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	625,1	94. 694,461.
Z			milar amounts paid (Part IX, column (A), lines 1-3)	020/1	31. 031/101.
2			to or for members (Part IX, column (A), line 4)		
					100 011
<u> </u>			er compensation, employee benefits (Part IX, column (A), lines 5-10)	83,9	78. 102,011.
₹	16 a	Professional	fundraising fees (Part IX, column (A), line 11e)		
綅	ь	Total fundrais	sing expenses (Part IX, column (D), line 25) ► 46,655.	. 	
8 Exalking CHNNED Signand			es (Part IX, column (A), lines 11a-11d, 11f-24e)	538,6	02 509 011
œ,		· ·	•		
			es Add lines 13-17 (must equal Part IX, column (A), line 25)	622,5	
20 t	19	Revenue less	expenses Subtract line 18 from line 12	2,6	
Net Assets of Fund Balances				Beginning of Current	Year End of Year
set	20	Total assets ((Part X, line 16)	68,0	85. 64,087.
A B	21	Total liabilitie	s (Part X, line 26)	34,8	93. 37,256.
žŠ	22	Net assets or	fund balances Subtract line 21 from line 20	33,1	
		Signatur			20,031.
					
Comp	r penalt dete De	ties of perjury, I de eclaration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to thi rer (other than officer) is based on all information of which preparer has any knowledge	e best of my knowledge	and belief, it is true, correct, and
		- - / /	NA	1/12/	301.08
		V	re of officer	Date	20/18
Sig	n	Signatui	re of officer	Date	·
He	re	▶ Mari	Lama S. Boney	Executive D	irector
			print name and title		
		Print/Type p	reparer's name Preparer's signature (Max). When CPA Date	Check X	tf PTIN
D- '	ل.	MIOVE	D. Blum, CPA Alex D. Blum, CPA 12 12 10	self-employed	•
Pai				Jen-employed	- 1101303032
rre	pare	In a l		—— —]	01 4150504
US	e On	Firm's addre		Firm's EIN	
			Baltimore, MD 21210	Phone no	(410) 844-4270
May	the If	RS discuss th	is return with the preparer shown above? (see instructions)		X Yes No

|X| Yes | No Form 990 (2017)

BAA	TEEA0102L 12/05/17	Form 990	(2017)
4e Total program service expenses			
4 d Other program services (Descrii (Expenses \$	be in Schedule O) including grants of \$) (Rever	nue \$)	
Ad Other program of the Co	hour Schodulo (C.)		
			-
		- -	
4c (Code) (Expenses	including grants of \$) (Revenue \$	—,
An (Codo) (F	. C) (Revenue \$	
	·		
	·		-
		-	- -
=			
	·		
	· -		-
4 b (Code) (Expenses	including grants of \$) (Revenue \$)
-~	·		
			
			
training for specia	l needs educators.		
	s. MMEA also provides support & mentoring		~
	e than 20,000 student musicians throughounsemble Festival, the Jazz Conference, ar		ᆫᆫ
4a (Code) (Expenses) (Revenue \$ 694,4	
Section 501(c)(3) and 501(c)(4) and revenue, if any, for each p	organizations are required to report the amount of grants and all rogram service reported	locations to others, the total expen	rses,
4 Describe the organization's pro	gram service accomplishments for each of its three largest proof	am services, as measured by expe	nses
3 Did the organization cease con- lf 'Yes,' describe these changes	ducting, or make significant changes in how it conducts, any prog s on Schedule O	gram services? Yes X	No
If 'Yes,' describe these new ser			
Form 990 or 990-EZ?	,	Yes X	No
2 Did the organization undertake ar	ny significant program services during the year which were not listed or	n the prior	
<pre>Maryland_schools</pre>			
	and teachers, and to serve as an advocate	e for music education	<u>in</u>
•	onal development for music teachers, oppo	ortunities for excelle	nce
Briefly describe the organizatio			
	ram Service Accomplishments ntains a response or note to any line in this Part III		
	usic Educators Association Inc	52-6075299	Page 2



			Yes	No
1			v	
2	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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,' 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 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			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
1	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	11 b		X
(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		_ <u>X</u> _
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		_ <u>X</u> _
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		_ <u>X</u> _
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		<u> </u>
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ <u>X</u> _
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		_ <u>X</u> _
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		<u> </u>
19	complete Schedule G, Part III	19		X
BAA	TEEA0103L 08/08/17	Form	990 (2017)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŀ	of '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		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ı	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 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		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
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	:	Х
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).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	X	7001 T
BAA		Form	990 (2017)

Form **990** (2017)

Form 990 (2017) Maryland Music Educators Association Inc Party Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 30		2744	£1478
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0			,
	c Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		- (1)	3 .
2	(gambling) winnings to prize winners?	1 1	1 c	X	le con
_	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			<u> </u>
	b If at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2ь	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar ^o	3 a	Х	
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 b	Х	
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	er authority over, a inancial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country		II.	2.7	غهدر د د د
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	•			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5a		<u>X</u>
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			*	٠
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		X
-	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		525	K CZ
(e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		X
,	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	7 g		
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring	200	9	A Security of
	organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		1,00	200	in the state of
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	f b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son ²	9 Ь		ec et 11 867
	Section 501(c)(7) organizations. Enter	. !		, , , , ,	
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			tani i
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7.7	Man notice
	Section 501(c)(12) organizations. Enter	1		1/2	
	a Gross income from members or shareholders	11 a			ni ni m
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь		· ·	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a	\	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		13-	- 20	
i	a Is the organization licensed to issue qualified health plans in more than one state?	- 0	13a	XXXXXXX	lik , niu Junio
	Note. See the instructions for additional information the organization must report on Schedul	e U			87 87
1	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	c Enter the amount of reserves on hand	13c		- 20	نابين
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a	\	X
ı	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		

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

Sec	ction A. Governing Body and Management				[
				Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year lf there are material differences in voting rights among members	1 a	9	era i stati	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		77.45		
	b Enter the number of voting members included in line 1a, above, who are independent	16	9	1 160	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?	ship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other personal trustees.	he direct supervision son?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	ition's assets?	5		X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	appoint one or more	7 a		х
ا	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	embers,	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following	during the year by		, 37	
	a The governing body?		8 a	X	
	Each committee with authority to act on behalf of the governing body?		8 b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
<u>>ec</u>	tion B. Policies (This Section B requests information about policies not requests)	quired by the Internal F	<u>keveni</u>	ie Co Yes	
10:	Did the organization have local chapters, branches, or affiliates?		10 a	res	No X
	b) If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, a operations are consistent with the organization's exempt purposes?	and branches to ensure their	10 Б		
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Ser A Ser	- 47	8.00
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	occ benedute o	12a	X	
ı	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could give rise	12 b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'N Schedule O how this was done	Yes,' describe in	12c	Х	
	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?		14	X	Malaber 14 J
	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and de	ecision?		, , , , , , , , , , , , , , , , , , ,	24), 24),
	The organization's CEO, Executive Director, or top management official See Schedule	e u	15a 15b	Х	Х
	o Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)		130	,	A L
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	r arrangement with a	16a		X
ı	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalual participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	ate its to safeguard the	16b		
Sec	tion C. Disclosure				
	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, a for public inspection. Indicate how you made these available. Check all that apply		s only)	avaıla	able
		er (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest potential than the public during the tax year See Schedule O State the processors the organization's be		lable to		
20	State the name, address, and telephone number of the person who possesses the organization's bo		-2626		

Form 990 (2017)	Maryland	Music	Educators	Association	Inc

52-6075299

Page 7

Part VIII 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

- 1 a 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

(()

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

		(C)									
(A) Name and Title	(B) Average hours per	than	n one s both dir	box, an or ector	unle: officei /trust	eck moss ss pers r and a ee)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations	
(1) Angela St. Pierre	2								_	_	
President	0	X	_	Х	<u> </u>			0.	0.	0.	
_(2) Paul_Dembowski	2								_		
President Elect	0	<u>X</u>		X	_			0.	0.	0.	
_(3) Katherine Murphy	2]									
Past President	_ 0	Х	_	Х	<u> </u>			0.	0.	0.	
_(4) Emily Hill	2										
Rec. Secretary	0	X		Х	<u> </u>			0.	0.	<u> </u>	
_(5) John Stevenson	2	ļ									
MBDA President	0	X	<u>L</u> _		<u>L</u>			0.	0.	0.	
_(6) Michelle Searle	2										
MCEA President	0	Х	_		<u> </u>			0.	0	0.	
	2					1 1				l	
MODA President	0	X			<u> </u>			0.	0.	0.	
(8) Jennifer Kauffman	2										
MGMTA President	0	X	<u> </u>		_			0.	0.	0.	
(9) Stephanie Prichard	2	}				ĺĺ					
MSMTE President	0	X			<u> </u>			0.	<u>0</u> .	0.	
(10) Mary Ellen Cohn	2										
Executive Direc	0			X	<u>_</u>			0.	0.	0.	
(11)											
(12)					-						
							ļ				
(13)											
(14)				-			-				
						\coprod					

Section A. Officers, Directors, Iru	(B)	ney 	EII	<u> </u>	Dye C)	es,	alli	u mignest com	iperisated Emp	ioyees (continuea)
(A) Name and title	Average hours per week	box	, unle	Pos check	sition more erson direct	e than is bot or/trus	th an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)						<u> </u>	_			
(17)										
(18)										
(19)										
(20)	-									
(21)										
(22)										
(23)										
(24)										
(25)	-									
1 b Sub-total							>	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A						► '	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	sted	abov	/e) v	vho	recen	ved			
3 Did the organization list any former officer, direct	tor or true	ctoo	kov	, em	nlo	(80	or h	unhest compensat	ed employee	Yes No
on line 1a ⁵ If 'Yes,' complete Schedule J for such	h ındıvıdu	al	-							3 X
the organization and related organizations greate such individual	r than \$1	50,00	005	If 'Y	es,'	com	ple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen ,' comple	satio te Sc	n fro	om a lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens	sated inde	epend	dent	cor	ntrac	ctors	tha	t received more th	ian \$100,000 of	
compensation from the organization Report compens (A) Name and business addr		the ca	elenc	dar y	ear_	endır	ng w	(B) Description o		(C) Compensation
					_				Services	————
										-
Total number of independent contractors (including bi	ut not limit	tad to	the	ce l	etad	aho	۰ (م)	who received more	than	No seeded
Total number of independent contractors (including be \$100,000 of compensation from the organization				JU 11	J.CU	abov	· c / v		2	Form 990 (2017)

					any line in this Part VIII						
				Application of the second of t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	b d	Federated campaigns Membership dues Fundraising events. Related organizations	1	a b c d							
ntributions, d d Other Simi	f	Government grants (contributions) all other contributions, gifts, gismilar amounts not included Noncash contributions included	grants, and above 1	e 17,519. f \$							
S E	h	Total. Add lines 1a-1f		<u> </u>	17,519.			10 Act 10 Act 10 Co.			
ne				Business Code	A CONTRACTOR OF THE STATE OF TH	All the second s	\$20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Æ	2 a	Student Programs			56 <u>7,661</u> .	567,661.					
Program Service Revenue	b	Teacher Programs			69,112.	69,112.					
.ŏ	C	Membership Dues &	<u>Assess</u>		32,339.	32,339.					
Š	d	Other_Programs	-		7,244.		7,244.				
E	е	_ 	 _								
ĝ	f	All other program service	ce revenue								
مِّد	g	Total. Add lines 2a-2f		·	676,356.			Calculation for			
	3	Investment income (incother similar amounts)	luding divide	nds, interest and	586.	586.					
	4	Income from investmen	t of tax-exen	npt bond proceeds 🕨							
	5	Royalties		•							
			(ı) Real	(ii) Personal	100	T. T. T.	- 30				
	6 a	Gross rents			1,00	76.		Total Committee			
	b	Less rental expenses				447					
	C	Rental income or (loss)			100	76					
	d	Net rental income or (lo	ss)	_							
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	, (II) Other	47.	374 (1777) 10 (1777) 10 (1777)					
		Less cost or other basis and sales expenses				11					
		Gain or (loss)			460		A CONTRACTOR				
		Net gain or (loss)		<u>-</u>		CANALANA CAN					
Other Revenue	8 a	Gross income from fund (not including \$of contributions reported	_		100			All Parks			
3ev		See Part IV, line 18	u on line 10)		¥	office and a second office of the	and the second second	The state of the s			
7	L	Less direct expenses		<u></u>	7.00	770		4.97.4			
Ę.		Net income or (loss) fro	m fundraisin	a events ►				To the state of th			
0		Gross income from gam See Part IV, line 19					All the state of t				
		Less direct expenses		ь		o Individual					
		Net income or (loss) fro	m gaming ac	ctivities		3		CITY COLUMN TO A C			
					and the same	5077		THE WAR TH			
	ıva	Gross sales of inventory and allowances	r, less letuin	`a							
- 1	b	Less cost of goods sold	i	b							
	С	Net income or (loss) fro	m sales of ir	ventory							
		Miscellaneous Revenu	ie	Business Code	77.0						
	11 a										
ľ	b				1						
	C										
	d	All other revenue	-								
	е	Total. Add lines 11a-11d	t	<u> </u>		Maria Per					
ſ	12	Total revenue. See instr	ructions	•	694,461.	669,698.	7,244.	0.			

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							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			SHOP THE THE PARTY OF THE PARTY	Activity (Constitution of the Constitution of			
2	Grants and other assistance to domestic individuals See Part IV, line 22			West Transfer	Telephone State of the State of			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16			The second secon	The second secon			
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	59,500.	29,750.	14,875.	14,875.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	35,189.	17,595.	8,797.	8,797.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	7,322.	3,661.	1,831.	1,830.			
11	Fees for services (non-employees)							
а	Management							
t	Legal							
	Accounting			<u> </u>				
	Lobbying			W. O.				
	Professional fundraising services See Part IV, line 17		(B)	The second secon				
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	896.	448.	224.	224.			
	Office expenses	-						
	Information technology							
15	Royalties.	<u> </u>						
16	Occupancy	16,499.	8,250.	4,125.	4,124.			
17	Travel	10,400.	0,230.	4,125.	4,124.			
	Payments of travel or entertainment expenses for any federal, state, or local public officials		**					
19	Conferences, conventions, and meetings	80,772.	80,772.					
20	Interest							
21	Payments to affiliates							
	Depreciation, depletion, and amortization							
23 24	Insurance 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)	2,006.	1,003.	502.	501.			
а	Festival Expense	398,116.	398,116.					
	Operating Expense	43,130.	21,565.	10,783.	10,782.			
С	Printing and Publications	26,581.	26,581.					
	Executive Board Expense	11,069.	5,535.	<u>2,76</u> 7.	2,767.			
е	All other expenses	19,742.	14,232.	2,755.	2,755.			
25	Total functional expenses Add lines 1 through 24e	700,822.	607,508.	46,659.	46,655.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

BAA

Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 3,722. 68,085 2 Savings and temporary cash investments 2 60,365. 3 3 Pledges and grants receivable, net Accounts receivable, net Δ Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10 c Investments - publicly traded securities 11 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) 16 68.085 64.087 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 34,893 19 37,256. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D. 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 Total liabilities. Add lines 17 through 25 34,893 26 256 Organizations that follow SFAS 117 (ASC 958), check here > X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 26,831 33,192 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds Net. 33 Total net assets or fund balances 33,192 33 26,831. Total liabilities and net assets/fund balances 68,085 34 34 64,087.

TEEA0111L 08/08/17

		52-6075299	Pa	age 12
Pa	Reconciliation of Net Assets			
	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	694,	461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	700,	822.
3	Revenue less expenses Subtract line 2 from line 1	3	-6,	361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	33,	192.
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		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,	831.
Ŗã	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		3 12 18	1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			1 6 /1 1
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on a		
ı	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	parate		*
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 a	X_
ŀ	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	
BAA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	yland Music Educator						52-6075299	
	til Reason for Public Ch						tions	
The (organization is not a private foun		•		-	•	~ 0	
1	A church, convention of churc	•				(i).	1)4	
2	A school described in section						\cup \setminus	
3	A hospital or a cooperative							
4	A medical research organization name, city, and state	ation operated in conj	unction with a hospital	describe	d in sec	ction 1/U(b)(1)(A)(III) E	nter the hospital's	
5		- 	- 					
,	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)							
6 7								
	in section 170(b)(1)(A)(vi).	(Complete Part II)	• • •		entai un	it or from the general pul	DIIC described	
8	A community trust described	d in section 170(b)(1)((A)(vi). (Complete Part	II)				
9	An agricultural research organ or university or a non-land-gra university							
10	An organization that normally from activities related to its investment income and unre June 30, 1975 See section	exempt functions—sul elated business taxabl	bject to certain exception le income (less section	ons, and	(2) no i	more than 33-1/3% of i	ts support from gross	
11	An organization organized a	and operated exclusive	ely to test for public saf	ety See	section	n 509(a)(4).		
12	An organization organized a or more publicly supported or lines 12a through 12d that d	organizations describe lescribes the type of s	ed in section 509(a)(1) (supporting organization	or sectio and con	n 509(a iplete lii)(2). See section 509(a nes 12e, 12f, and 12g	(3). Check the box in	
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections 2	egularly appoint or elect	t a majority of the directo	portea o rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on You must	
Ь	Type II. A supporting organi management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	having control or on(s) You	
С	Type III functionally integrated organization(s) (see instruct	I. A supporting organizations) You must com	tion operated in connectio plete Part IV, Sections	n with, ar A, D, an	nd function d E.	onally integrated with, its	supported	
d	Type III non-functionally integrated The instructions) You must com	organization generally	v must satisty a distribu	ition real	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see	
е		zation received a writt	en determination from	the IRS	that it is	s a Type I, Type II, Type	e III functionally	
f	integrated, or Type III non-fit Enter the number of supported		supporting organization	1				
	Provide the following information	9	d organization(s)					
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) le organizat in your g docur	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
			<u> </u>		-			
(A)		ĺ						
(B)								
(13)				_	_			
<u>(C)</u>								
(D)				_	_			
(E)							<u> </u>	
Total								

Schedule A (Form 990 or 990 EZ) 2017 Maryland Music Educators Association Inc 52-6075299

Partil Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	-	•	,,,,,,,	
(Complete only if y	ou checked the box on line 5,	or 8 of Part I or if the organization	failed to qualify under	Part III If the
organization fails	to qualify under the tests lis	ed below, please complete Part III)	

	organization fails to qualify	under the tests lis	sted below, please	e complete Part II	1)		
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		_				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			* *			
6	Public support. Subtract line 5 from line 4	Pupe History	7.14			Olivier Condition of the Condition of th	
Sec	tion B. Total Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		-	/	-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				; ;		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related active	vities, etc (sée in:	structions)			12	<u> </u>
	First five years. If the Form 990 is organization, check this box and	stop here		ıırd, fourth, or fıfth t	ax year as a sectio	n 501(c)(3)	<u> </u>
	tion C. Computation of Pu			· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 20	<i>I</i> .	•	ne 11, column (f)).		14	%
	Public support percentage from					15	%
1 6 a	6a 33-1/3% support test—2017. 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.						
b	b 33-1/3% support test—2016, If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
1 7 a	7a 10%-facts-and-circumstances test—2017. 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. The organization qualifies as a publicly supported organization.						
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly supporte	e. Explain in Par ed organization	t VI how the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 166, 1/a, 			
BAA	/				Sch	edule A (Form 9	90 or 990-EZ) 2017

Rattill

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		<u> </u>	<u> </u>	·		
Calen	dar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	48,650.	46,576.	47,887.	49,931.	49,858.	_242,902.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities	578,360.	<u>574,845.</u>	628,689.	575,134.	644,018.	3,001,046.
	that are not an unrelated trade or business under section 513		_				0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	627,010.	621,421.	676,576.	625,065.	<u>693,876.</u>	<u>3,</u> 243,948.
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6)				<u> </u>		3,243,948.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	627,010.	621,421.	676,576.	625,065.	693,876.	3,243,948.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable	69.	51.	80.	129.	586.	915.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
11	Add lines 10a and 10b Net income from unrelated business	69.	51.	80.	129.	586.	915.
••	activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
	Total support. (Add lines 9, 10c, 11, and 12)	627,079.	621,472.	676, <u>65</u> 6.	625,194.	694,462.	3,244,863.
	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						
	tion C. Computation of Pul						
	Public support percentage for 20	• •	• •	e 13, column (f)).		15	99.97 %
16	Public support percentage from 2					16	99.99 %
	tion D. Computation of Inv		<u>_</u>				
17	Investment income percentage for	•	• • •	-	nn (f))	17	0.03 %
18	Investment income percentage fr				dlas 15 -	18	0.01 %
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organization	<u> </u>
	33-1/3% support tests—2016. If t line 18 is not more than 33-1/3%	, check this box a	nd stop here. T he	organization qua	alifies as a publicl	y supported orga	nization
∠U	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- 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
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **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.
- 7 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes, complete Part I of Schedule L (Form 990 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
1		
2	A.	2
3a		111111111111111111111111111111111111111
3b 3c		
4a		
<u> </u>		
T	de la companya de la	
4c	41413	
5a 5b	1	
5c		Mon
6		
7	(19/23/II)	
8		5-24
	14.	6.7
I I		140
9b 9c		
10a		ш.
		110

Pa	Supporting Organizations (continued)			
`	The the constant of the control of the following paragraps	* 1.00 No.	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	¥(2)		
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	<u> </u>	
	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		L
Sec	ction 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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	-"	
Sec	ction 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)	25 ·25 ·	RSY'Y.	<u>Tid</u>
Sec	ction 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?	1	110	
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	The world	V STATE OF STATE
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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
1				•
	a The organization satisfied the Activities Test Complete line 2 below			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstrud	tions)	
2	Activities Test Answer (a) and (b) below.	100733.	Yes	No
	a 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 of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	10 221 20 114	7. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
3	Parent of Supported Organizations Answer (a) and (b) below.	2.5	,	-
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 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 of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	<u> </u>	

<u>Fa</u>	Type in Non-Functionally integrated 30% ax3) Supporting Orga	211120	<u> </u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on I	Nov 20, 1970 (explain in ust complete Sections A	Part VI) See hrough E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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)		Constitution of the Consti	The second secon
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)		Allen Andrews and Andrews and Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Mangalan Andrews	
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		· · · · · · · · · · · · · · · · · · ·
Sec	tion C — Distributable Amount	,		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Service of the service of the	
_ 2	Enter 85% of line 1	2	And the second s	
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	propagation are as a scall and	
5	Income tax imposed in prior year	5	Salang Sa	
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 inte (see instructions)	grate		
BAA			Schedule A (Fo	rm 990 or 99 <mark>0-EZ) 20</mark> 17

_	Pamaining underdistributions for 2017, Subtract lines 3h and 4h
	Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions
Э	Remaining underdistributions for years prior to 2017, if any

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

7	Excess distributions carryover to 2018. Add lines 31 and 4c
	instructions
	from line 1 For result greater than zero, explain in Part VI See

	excess distributions carryover to 2016. Add lines 3j and 4c
8	Breakdown of line 7
ě	Excess from 2013

b	Excess	from	2014
c	Excess	from	2015

d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

BAA

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Name of the organization

Maryland Music Educators Association Inc

Employer identification number

52-6075299

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is provided by management for review by the Board of Directors.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Every member of the board is sent an evaluation form. Three officers are responsible for collating responses and making decisions. The board meets regarding the executive director's salary when they discuss budgeting for the upcoming fiscal year.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing policies, Form 990 and financial statements are available upon request.