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Form 990 (Rev. January 2020) 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.

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

OMB No. 1545-0047 2019 Open to Public Inspection

A I	For the 2019 c	alendar year, or tax year beginning 07/01/19, and ending 06/30/2		er identification number
B	hock if applicable:	C Name of organization THE FOUNDATION FOR ART & MUSIC IN	D Employ	er identification number
	Address change	ELEMENTARY EDUCATION, INC.	0.5	710000
	Name change	Coing business as FAME		1719238
=		Number and street (or P.O. box if mail is not delivered to street address) 300 EAST MAIN STREET RM/STE 130		-247-7325
	nitial return Final return/	City or town, state or province, country, and ZIP or foreign postal code	200	211 1020
	erminated			ociots \$ 127,982
	Amended return	FORT WAYNE IN 46802  F Name and address of principal officer:	G Gross n	cepts \$ 127,302
=	Application pending		H(a) Is this a group return for	subordinates? Yes X No
	Application perioring	ANN GORDON	H(b) Are all subordinates inc	harlant? Yes No
		300 EAST MAIN STREET	If "No," attach a lis	2000
_		FORT WAYNE IN 46802	1110, 00001410	year management
	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
J	Website: V	WW.FAMEARTS.ORG	H(c) Group exemption numb	711
_	Form of organization:		ear of formation: 1988	M State of legal domicile: IN
P		ummary		
	1 Briefly de	scribe the organization's mission or most significant activities: MISSION OF FAME IS TO FOSTER AND PERPETUATE CREATIVI		
8	THE	MISSION OF FAME IS TO FOSTER AND PERPETUATE CREATIVI	TY THROUGH	on crasso recorn caccos cocco cos
ano	MULT	ICULTURAL ARTS EDUCATION.	m 1890 orto orto to	55 estesto estesto (00000 00000 tres
Activities & Governance			en even even even ev	31 (2010) 10000 10000 1000 100
300	2 Check th	is box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%		Lee
8		of voting members of the governing body (Part VI, line 1a)	3	
68	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	25
Σ	5 Total nur	nber of individuals employed in calendar year 2019 (Part V, line 2a)	5	3
Act		nber of volunteers (estimate if necessary)	6	110
_	7a Total unr	elated business revenue from Part VIII, column (C), line 12	7a	0
		lated business taxable income from Form 990-T, line 39		
			Prior Year	Current Year
9	8 Contribut	ions and grants (Part VIII, line 1h)	170,28	
D L		service revenue (Part VIII, line 2g)	37,06	
Revenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	21	
Œ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,191
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,371	125,602
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0
		paid to or for members (Part IX, column (A), line 4)		0
so.	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,43	79,734
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)		0
ed3	b Total fun	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)   23,847		
ω	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	69,13	
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	162,57	138,626
	19 Revenue	less expenses. Subtract line 18 from line 12	44,80	
sets or			Beginning of Current Year	End of Year
sets	20 Total ass	sets (Part X, line 16)	207,18	
vet Ass	21 Total liab	ilities (Part X, line 26)	1,01	
2,5	ZZ Net asse	ts or fund balances. Subtract line 21 from line 20	206,17	3 194,172
P	art II S	gnature Block		
		perjury, I declare that I have examined this return, including accompanying schedules and statemen		nowledge and belief, it is
tn		complete. Declaration of preparer (other than officer) is based on all information of which preparer has	is any knowledge.	
		Siana toursent	/	1-5-2020
Sig	n /	Signature of officer	Da	fe
He	re	DIANA BARTSCHT / TREAS	JRER	
		Type or print name and title		
	Print/Typ	e preparer's name Propagative	Date Che	ck PTIN
Pai	d CYNTH	IA M. WIRTNER, CPA	10/26/20 self-	employed P00017581
Pre	parer Firm's no	me LEONARD J. ANDORFER & CO., LLP	Firm's EIN	35-1679361
Use	Only	110 W BERRY STREET, STE. 2202		
	Firm's ac	DODE STRUNG THE 40000 0011	Phone no.	260-423-9405
May		s this return with the preparer shown above? (see instructions)		X Yes No
		uction Act Notice, see the separate instructions.		Form 990 (2019)

Part III Statement of Program Service Accomplishments	Page 2
Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission: THE MISSION OF FAME IS TO FOSTER AND PERPETUATE CREATIVITY THROUMULTICULTURAL ARTS EDUCATION.	
	*******************
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
If "Yes," describe these changes on Schedule O.	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
ARTS CAMP - A WEEK LONG SUMMER RESIDENTIAL ARTS CAMP AT THE YMCA POTAWOTAMI. AS MANY AS 75 CAMPERS (AGES 8-14) GATHER TOGETHER W. OUTSTANDING FACULTY OF ARTS EDUCATORS TO CREATE A UNIQUE STUDENT COLONY. MORNING CLASSES IN MUSIC, VISUAL ARTS, DRAMA, DANCE, LI'AND STORYTELLING ARE FOLLOWED BY AFTERNOON CAMP ACTIVITIES INCLUING SWIMMING, BOATING, AND HORSEBACK RIDING. THE ART AND MUSIC CLASS TAUGHT BY LEADING ARTS EDUCATORS AND VISITING ARTIST - ARE DESIGNATION OF THE ART AND MUSIC CLASS PROVIDE TOTAL IMMERSION IN THE CREATIVE ARTS CONCENTRATED AROUND CULTURAL FOCUS.	ITH AN ARTIST FERATURE, DING SES - NED TO
4b (Code: )(Expenses \$ 2,355 including grants of \$ ) (Revenue \$ VISITING ARTIST PROGRAM - FAME'S MULTICULTURAL VISITING ARTIST PROBLEMS TO BROADEN CULTURAL PERCEPTIONS AMONG ELEMENTARY SCHOOL STUPERFORMANCES BY LEADING EXPERTS FROM DIVERSE CULTURES AROUND THE USING THE ANNUAL CULTURAL FOCUS TO GUIDE SELECTIONS, VISITING ART MASTERS OF ETHNIC ARTISTIC EXPRESSION AND HAVE INCLUDED PAINTERS, SCULPTORS, MUSICIANS, COMPOSERS, DANCERS, SINGERS, ACTORS, STORYTAND POETS.	JDENTS WITH GLOBE. TISTS ARE
	111111 111100 00000 00000
* 2 Marie in the contract of t	
GROUPS, 5,000 STUDENT PAINTINGS, DRAWINGS AND SCULPTURES, AND THE IMAGINARIUM HANDS-ON CREATIVE ARTS CENTER. PERFORMANCES BY VISIT ARTISTS, THE INTERACTIVE INSTRUMENT PLAYGROUND AND THE POPULAR ST ALCOVE ALL ADD TO THE EXUBERANT ATMOSPHERE THAT HIGHLIGHTS THE CR OF INDIANA'S ELEMENTARY STUDENTS. ANNUALLY, SOME 25,000 STUDENTS PARTICIPATE IN FAME FESTIVALS, WITH AN ESTIMATED 40,000 SPECTATOR	10,377) O-DAY ORMING FAMOUS ING ORYTELLING EATIVITY S. OVER ORK.
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 9,605 including grants of \$ ) (Revenue \$	)
4e Total program service expenses ► 44,442	

1	is the organization described in section 501(c)(2) or 4047(c)(4) (although the control of the co		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	Δ.
	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		1	
	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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			١.,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
	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	8		-
	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 donor-restricted endowments			
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
•	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			MAH
	complete Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X. Eng. 12, that is 5% or mare	11a	Χ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	one or generation report an amount for investments—program related in Part X, line 13, that is 5% or more	110		Δ_
	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	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncordain tax seedings and 5TM 40 4000 more approximately addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	X
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parte VI and VII is patiental.	12b	- 1	Χ
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	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			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	$\rightarrow$	X
	Assistance to or for foreign individuals? If "Van " complete Cataolic Control of the control of	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	X
	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		_	Δ
10	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 9a2			
20a	If "Yes," complete Schedule G, Part III	19		X
h		20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX column (A) line 12 if "Yes " complete Cabart II			
AAC	got and II Art St. Sc. 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		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			1,7
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	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	23		10
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		1
	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	-	Δ.
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		X
20	bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		X
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			18.00
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1313111	mun	11111
	"Yes," complete Schedule L, Part IV	-		300
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Χ
	"Yes," complete Schedule L. Part IV			52
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	Λ
	conservation contributions? If "Yes." complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		Λ
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	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			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Par	19? Note: All Form 990 filers are required to complete Schedule O.  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		00.00	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13		Yes	No
b	Enter the number of Forms W. 20 Included in Enter 5.		1319	
c [	Did the organization comply with backup withholding rules for reportable payments to vendors and	500		拼错
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) THE FOUNDATION FOR ART & MUSIC IN 35-1719238

Part V Statements Regarding Other IRS Fillings and Tax Compliance (continued)

		Regarding Other IRS Filings and Tax Compliance (continue)	ued)	-			P	age
	2a	enter the number of employees reported as Facilities	dou			-	_	
		Statements, filed for the calendar year ending with or within the year covered by this return	1	Ī	F	Y	es	No
	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required.	2a	3				
	2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 cc.	>		123	b 3	,	
	3a	Uid the organization have				b 2	1	1
	Ь	If Yes, has it filed a Form 990 T for the				120 (21	4	
	48	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other auth			3	_	+	X
		a financial account in a foreign country (such as a heat, see a he	ority or	ver.	3	-	+	_
		if ites, enter the name of the forcing	nou make					
				***********	4	10 170	-	X
	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or in a party to the during the tax year?	unts (F	BAR)				
		any laxable party notify the organization that it			1717	File	4	
	C	If "Yes" to line 5a or 5b, did the constitution is a party to a prohibited tax shelter transaction.	)		5a		+	X
	va	Does the organization have appealed access		0.100000100100	5b	_	+	X
		organization solicit any contributions that were not tax deductible as charitable contributions?			5c	+	$\perp$	
	Ь	Yes, did the opposite the last time?				1	١.	
	. 8	gifts were not tax deductible?		***********	6a	+	13	X
	,	Organizations that may receive deductible			-			
	a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ind services provided to the payor?			6b		-	_
	a	and services provided to the payor?			1			
	D II	"Yes," did the organization notify the de-			10000	HH	F.	H
	c D	old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7a	-	X	_
	re	equired to file Form 8282?	*******		7b	-	-	_
	a II	"Yes," indicate the number of Forms 2000 G					١	
	e Di		d		7c	22.542	X	_
		or or generation, during the upper contract	?		10000	2525	1	
	м п	the organization construct.			70	-	X	_
		the organization received a contribution of the Form each	9 as re	quired?	7f	-	X	_
8					7g	-	_	_
	spe	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the consoring organization have excess business holdings at any time during the year?  If the sponsoring organization make any tayable distances.	ne .		7h			_
9	Sp	consoring organizations maintaining in the state of the s			SHE	Dillion .		
-	Dio	the sponsoring organization make any taxable distributions under section 4966?			8	1222		-
b	Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person?  ction 501(c)(7) organizations. Enter:			0.00	17455		
0	Sec	ction 501(c)(7) organizations. Enter:		0000 0000 00	9a	$\rightarrow$		-
a	mati	lation fees and capital contributions in the			9b	3411		-
b	Gro	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  100  100  100  100  100  100  100  1	2					
1	000	101 501(C)(12) organizations Fotos	0		1110			
a	CHO	ss income from members or shareholders						
b	Cito	ss income from other sources (Do not got						
	agai	nst amounts due or received from them.)			0.00			
2a	Sec	UOD 4947/2V1) non average						
b	If "Ye	es," enter the amount of the a			etite iii	1619 15	Ш	
	Sect	don 501(c)(29) qualified nonnestic			12a		_	
a	12 TLIK	organization licensed to leave the land.						
	Note	See the instructions for additional information the organization must report on Schedule O.  The amount of reserves the organization is required to expend the property of the amount of reserves the organization is required to expense.			100000000000000000000000000000000000000		MI.	
0	Enter	the amount of reserves the organization is required to maintain by the states in which			13a		-	
	the or	rganization is licensed to issue qualified health plans						
		13h			11227			
	nd tu	ne organization receive any promise in the control of the control			型語 雄			
)	If "Yes	s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			110000			
	is the	organization subject to the section tools.				X		
	exces:	s parachute payment(s) during the unco	******		14b	-	_	
	II TOS	see instructions and file Form 4720 Sebastian						
	is the	organization an educational institution subject to the section 4968 excise tax on net investment income?			15	X	_	
	f "Yes	"complete Form 4720, Schedule O. Schedule O.			2000年次曾	MIE		
		and a come?			16	X		

CHRISTINE THOMPSON

FORT WAYNE

P	m 990 (2019) THE FOUNDATION FOR ART & MUSIC IN 35-1719238  Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the simulations.			Pag
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.  Check if Schedule O contains a response or note to any line in this D. Check if Schedule O.	nd for a	"No"	
_		See inst	ruction	18.
e	ction A. Governing Body and Management	44000.000		
			100	_
a	the first to voting intellibers of the governing body at the end of the tay year.	200	Ye	8 1
	If there are material differences in voting rights among members of the governing body or	2365		
	if the governing body delegated broad authority to an executive committee or similar	E44	# FE	
	committee, explain on Schedule O.	10,250		
b	at 10 Total of Voting Members included on line 1a, above, who are independent			
	Old arry officer, director, trustee, or key employee have a family relationship or a hydrogen relationship with	153		Н
	any other officer, director, trustee, or key employee?		11000	10
	and a state of the	2	+	1
	supplivision of officers, directors, trustees, or key ampleures to a	3		
	one organization make any significant changes to its assessed as decreased as	4	+	1
		5		1
1	a state of	6		t
1	and the name of all the name of all the name of all the name of all the name of the name o	~		۲
,	one or more members of the governing body?  Are any governance decisions of the grandization recoverd to (	7a		1 3
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		2
	The governing hody?	12,000,00		111
	Each committee with authority to act on behalf of the governing body?	8a	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
-				
ú	tion B. Policies (This Section B requests information about policies not required by the Interest D.	. 9		2
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)		
	Did the organization have local chapters, branches, or affiliates?		Yes	N
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures powering the activities of such that the policies and procedures powering the activities of such that the policies and procedures powering the activities of such that the policies and procedures powering the activities of such that the policies and procedures powering the activities of such that the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the activities of such that the policies are the policies and procedures powering the policies are the policies are the policies and procedures powering the policies are the policies and procedures powering the policies are the policies are the policies and procedures powering the policies are the pol	10a	Yes	N
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the	10a	Yes	N
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its convenient back by form 1990 to all membe	10a		No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10a	Yes	N
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10a 10b 11a		Ne X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could disclose annually interests that could disclose the same of the same	10a 10b 11a		Ne X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If EXEMPLE.	10a 10b 11a		Ne X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  Did the organization have a written consistently monitor and enforce compliance with the policy? If "Yes,"	10a 10b 11a 12a 12b		Ne X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b		No X
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1 1 1	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X	X
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300 E MAIN STREET

IN 46802

State the name, address, and telephone number of the person who possesses the organization's books and records

260-247-7325

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Form 990 (20	Compan	FOUNDATION	Direc	tors, Ti	rustees, Ke	y Em	ployees, Highest Compensat	ted Employees, and
	Indepen Check if	dent Contractors Schedule O contain	ins a re	sponse	or note to a	any lin	e in this Part VII	
		Distance Vanctors V	ou Emple	woos at	nd Highest Co	mpens	ated Employees	

Officers, Directors, Trustees, Key Employees, and Highest Compensated I

- 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.
   See instructions for the order in which to list the persons above.

(A) Name and 15e	(8) (C) Average hours per week (set any tested of tested organization comper (c) Average hours (do not check more than one box, unless person is both an officer and a director/trusteet)							(D) Reportable compensation from the organization (V-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	hours for related organizations below dotted line)	(nd)vidual trustee or director	easend isnoprigest	Officer	Key employee	Highest compensated emplayee	Tomer			(indicated realization)	
1)TERESA IMSCHER	10.00										
	40.00			Х				33,718	0	0	
XECUTIVE DIRECTOR	0.00			25		$\Box$	$\neg$				
2) KAITLYN ALTER	2.00					ш			0	0	
IRECTOR	0.00	X					_	. 0	U		
(3) DIANE BARTON	6.00							0	0	0	
PAST PRESIDENT	0.00	X	-	X	-	$\vdash$	-	- 0			
(4) DIANA BARTSCHT	6.00							0	0	(	
TREASURER	0.00	X	+	X	+	+	$\vdash$				
(5) WENDY BLOOM	5.00							0	0	(	
SECRETARY	0.00	X	+	X	+	+		· ·			
(6) JOMARE BOWERS-MI	2.00							0	0		
DIRECTOR	0.00	X	+	+	+	+	-	-			
(7) KEVIN CHRISTENSO	2.00							0	0		
DIRECTOR	0.00	2	+	+	+	+	+				
(8) LISA CHRISTMAN	2.00							0	C		
DIRECTOR	0.00	+	4	+	+	+	+				
(9) TERESA DELELLISS	2.00		K					0	(		
DIRECTOR	0.00	+	+	+	+	+	+				
(10) JOHN EGGER	2.00		x					0	(		
DIRECTOR	0.00	+	+	+	+	+	+				
(11) JANICE FURTNER	2.00		x					0	(	Form 990 (2	

(A) Name and title	Average (do not chick box, unless p officer and a chick any					both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1009-MISC)	Estimated amount of other compensation from the organization and		
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Kay employée	Highest compensated employee	Former	(W-2/1099-MISC)	(11-0-3936-313-03)		organizations	_
(12) ANN GORDON	16.00			.,				0	0			0
PRESIDENT (13) CINDY HAGGEN	0.00 jos 2.00	X		X								_
DIRECTOR	0.00	X			L		L	0	(	-		0
(14) DOROTHY KITT	2.00 0.00	x						0				0
(15) KRISTEN LEML		Î	T			T						0
DIRECTOR (16) ANDIE MOSLEY	0.00	X	+	+	+	+	+	0		0		0
DIRECTOR	2.00	×	-	-	1	1	-	0		0		0
(17) DONA MOSSBER	2.00	·								0		0
(18) CLARE RAMEL	2.00	100	T	T	T	T	T					
(19) GARRY RUDD	0.00	X	+	+	+	+	+		0	0		
DIRECTOR	2.00	×					L	33,71	0	0		(
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals (i	eets to Part VII,	Sect	tion ed to	Α	1000		<b>*</b>	33,71	8			
reportable compensation from  3 Did the organization list any f	n the organization	n 🏲	U				_				Yes 3	No X
employee on line 1a? If "Yes,  For any individual listed on line organization and related organization	"complete Sche	dule of re	J for	able	com	pens	ation	n and other compensation fr	rom the	********	4	X
5 Did any person listed on line for services rendered to the	to receive or ac-	crue	com	pens	atio	n fror	n an	y unrelated organization of	individual		5	X
Section B. Independent Contrac	tors								han \$100,000 of			
Complete this table for your compensation from the organ	five highest comp nization. Report ( (A) and business address	comp	ens	ation	for t	he c	alend	THE ACCU CLICILIST AND LOT ALTER	in the organization's tax yes (B) organ of services	ar:	(C) Compen	sation
Nation 1	E 17 DOST 1939 BOOK 1939											
		_					+					
Total number of independer	al anatomico fo	nh with	no h	of most	- Erw	ted t	o the	ose listed above) who				
2 Total number of independer received more than \$100,00	of compensati	on fro	om f	he or	can	zatio	n Þ	and and the time	0		TEN STATE	90 (20

		0011000				(A) Total revenue	Part VIII  (B) Related or exempt function revenue	(C) Unvelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campa	igns		1a					
	Membership dues			1b					
	Fundraising even			1c	17				
	Related organizat			1d	1	A. E. E. E.			
0	Government grants (con	tributions)		1e					
	All other contributions, g and similar amounts no	ifts, grants,	wa	1f	121,835				
g	Noncesh contributions is	ncluded in line	is 1a-1f	1g S	1,023				
h	Total. Add lines	1a-1f		an representative		121,835		STATE OF STREET	a STEEL BELLEVILLE
					Business Code	22.0	310	CHARLES SERVICES	COLUMN TO SERVICE STREET
2a	SALES				711300	310	310		
b	***************************************				441				
c			******		199				
b c d									
0	****								
f	All other progran		revenue			310		SCHOOL SEASON	
	Total. Add lines		for diffe	for Interest		5.10			
3	Investment incor		ling dividend	is, interest, a	na	21			
	other similar am			the second results					
4	Income from inv	estment o	t tax-exemp	t bono proce	eas				
5	Royalties		(i) Real	· · · · · · · · · · · · · · · · · · ·	(ii) Personal		Substitute Substitute	PER HERITA	
	0	0-	(1) 1/40(4)		77. 635.5				
	Gross rents	6a 6b							
b		6c					新越黑色		
	Rental inc. or (loss)  Net rental incom	_	1		<b>&gt;</b>				
	Gross amount from	E OF (1055	(i) Securit	ies	(ii) Other	HARRIE BALL	Augusta and August Augu		
	sales of assets	7a	Watte	245			dell'eller delle		
١.	other than inventory	10		210					
1 0	<ul> <li>Less: cost or other basis and sales exos.</li> </ul>	7b			1				
١.	Gain or (loss)	7c		245					
	Net gain or (loss)				<b>&gt;</b>	245	5		2
	Gross income from					GET STATES	The EVERTHER		
	(not including \$		9						
1	of contributions re		ine 1c).						
	See Part IV, line 1			8a	5,571			<b>建設建度</b> 地	
l b	b Less: direct exp			9h	2,380			DECLE BEING	
	c Net income or (					3,193			CONTRACTOR OF THE PARTY OF THE
	a Gross income from								
	See Part IV, line			9a					
	b Less: direct exp			9b			ding-metaling	A PERSONAL PROPERTY.	III APPENIUS DE
	c Net income or			tivities		De Contrata de Con	THE RESERVE OF THE PARTY OF THE		TO PERSONAL PROPERTY.
10	a Gross sales of		less						
	returns and allo			10a			THE RESERVE		
	b Less: cost of g			10b			Name of the last o	and the second second second	The second second
1	c Net income or	(loss) fron	n sales of in	ventory	Durbert Code	entities and temperature			
					Business Code	A CONTRACTOR OF THE PARTY OF TH	-		
Revenue 11									
ven I	b		F 1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9.0000011111111	17444				
86	c	4494-010					+		
	d All other reven			(1,100,100,000,000)	1000		COLUMN SERVER	i ilitariya ilini	
400	e Total. Add line	s 11a-11	d	an man to read		125,60	2 31	0	0

# Part IX Statement of Functional Expenses 35-1719238

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	The state of the s		100		
	individuals. See Part IV, line 22				
3	The same states and the second		125		Land to Contract
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	36,750	11,308	23,322	2,120
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	35,270	14,889	15,217	5,164
8	Pension plan accruals and contributions (include			20/22/	3,104
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,477	1,012	2,275	190
10	Payroll taxes	3,477 4,237	792	2,275	148
11	Fees for services (nonemployees):			0/201	140
a	Management				
b	Legal				
c	Accounting	5,565		5,565	
d	Lobbying	0,000		3,303	
e	Professional fundraising services. See Part IV, line 17	-	ROMER STRUCTURE OF THE		
f	Investment management fees		Company Company (Street of St	- CONTRACTOR CONTRACTOR	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule ().)	1,308		1 200	
12	Advertising and promotion	4,198	2 122	1,308	1 050
13	Office expenses	13,016	2,123 6,784	792	1,950
14	Information technology	570	0,704	570	5,440
15	Royalties	370		070	
16	Occupancy	9,482	350	0.000	
17	Travel	2,069	459	9,023	
18	Payments of travel or entertainment expenses	2,009	2,069		
	for any federal, state, or local public officials				
19					
	Conferences, conventions, and meetings				
22	Payments to affiliates	1 7.00			
23	Depreciation, depletion, and amortization Insurance	4,769		4,769 2,351	
		2,351		2,351	
24	Other expenses. Itemize expenses not covered			7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	STREET TO
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column			THE RESERVE OF STREET	
	(A) amount, list line 24e expenses on Schedule O.)	THE PARTY OF THE P		Andrew Chile Street	
a	SPECIAL EVENTS	8,835			8,835
D	SUPPLIES	4,958	3,851	1,107	
C	COGS	1,155	1,155		
d	BANK CHARGES	443		443	
	All other expenses	173		173	
	Total functional expenses. Add lines 1 through 24e	138,626	44,442	70,337	23,847
	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)		,	,	23/04/

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 Cash-non-interest-bearing 108,021 122,858 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 66,439 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 4,938 10,736 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 70,468 7,150 10c 10b b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 207,183 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35%. 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 010 4,136 26 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here > X and complete lines 27, 28, 32, and 33. 153,182 Fund Balances 131,500 27 Net assets without donor restrictions 40.990 4,673 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 ò 29 Capital stock or trust principal, or current funds 30 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds

194,172

32

207,183 33

32 Total net assets or fund balances

Total liabilities and net assets/fund balances

Part XI Reconciliation of Net Assets Reconciliation of Net Assets			F	Page 1
1 Total revenue (must excel Rep.) (III.				[27]
· Viai reveilus (IIIust edital Part VIII column (A) Line 40)	7.7		3.05	X
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1	1			, 602
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3			,626
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))     Net unrealized gains (losses) on investments.	4			,024
Net unrealized gains (losses) on investments     Donated services and use of facilities			206	,173
6 Donated services and use of facilities	5		4	000
6 Donated services and use of facilities 7 Investment expenses	6			,023
8 Prior period adjustments	7			
9 Other changes in net assets or fund balances (explain on Schedule O)	8			
Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
32, column (B))				
Part XII Financial Statements and Reporting	10		194,	172
Check if Schedule O contains a response or note to any line in this Part XII				
			7	-
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		11,540	Yes	No
If the organization changed its method of accounting from a prior year or checked "Other" corplain in		- 488		
ouredge O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		177113	111111	HHUR
These, check a box below to indicate whether the financial statements for the warr were compliant as	teres como como	2a		X
of a separate basis, consolidated basis, or both:		Rilli	197	
Separate basis Consolidated basis Both consolidated and separate basis				
were the organization's financial statements audited by an independent accountant?		266555		355633
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X	
acparate basis, consolidated basis, or both:				
X Separate basis Consolidated basis Both consolidated and separate basis		100000		
If it is to line Za or Zb, does the organization have a committee that accommittee that		1111111	3195	400
and selection of an independent accordance to the selection of an independent accordance to the selection of the the sele			100	
god driver his oversight process or selection process during the tay year, events and		2c	X	454555
Daneson C.		12.54.53 <u>4</u> 17.74.253		
Sa As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		21517	Hilli	STEPPE .
on gio notic Act and Olyb Circular A-133?				12
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	******************	. 3a		X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		21		
a manife and tradity		3b	m 990	

(A) Name and title	(B) Average hours per week (list any	bo	ix, uni	Pos check ess pe	erson i	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations befow dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) MIKE SCHMID	2.00									
(21) MELISSA SWAIL		X	H	-				0	0	(
DIRECTOR	2.00	Х						0	٥	(
(22) KEVIN WALL	6.00			.,						
VICE PRESIDENT (23) JUDY WARD	0.00	X	$\vdash$	X	$\vdash$	$\vdash$		0	0	(
DIRECTOR	2.00	x						0	0	0
(24) LYNNE WESTERM										
DIRECTOR (25) PETER YEE	0.00	Х	_	H	-	_		0		C
DIRECTOR	2.00	X						0	0	
4. 0.1							<b>•</b>			
c Total from continuation shee d Total (add lines 1b and 1c)							A A			
<ol> <li>Total number of individuals (increportable compensation from the compensation)</li> </ol>	cluding but not lin	nited •	to th	ose	listed	abo	ve)	who received more than \$10	00,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organi individual  5 Did any person listed on line 1a for services rendered to the organi	complete Schedu 1a, is the sum of zations greater to a receive or accu- ganization? If "Ye	f repo	for sontab s150	le co	indivi ompe ? If ~	idual insat Yes,	ion a	and other compensation from nplete Schedule J for such unrelated organization or ind	n the	Yes No. 3 4 5
Complete this table for your five compensation from the organiz	highest compe	naato	id inc	iepe	nden	t cor	trac	tors that received more than	\$100,000 of	
Name and	(A) business address	iipeii	isaur	ATT FOR	i une	Calc	lual		(B) ion of services	(C) Compensation
				_						
2 Total number of independent or received more than \$100,000 o	ontractors (included f compensation )	ling b	out no	ot lim	nited	to th	ose	listed above) who		
DAA										Form 990 (2019

## 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.

2019 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

THE FOUNDATION FOR ART & MUSIC IN
ELEMENTARY EDUCATION, INC.

n. Inspection
Employer identification number
35-1719238

Part I	Reason for Public Chari	ty Status (All organization	ns must o	omplete t	his part ) See instruction	ne
The organiza	ition is not a private foundation beca	use it is: (For lines 1 through 12	check only	one hov l	riis part./ occ iristruction	15.
1 A	church, convention of churches, or a	ssociation of churches describer	d in section	470/bV/1V	wa	
2 A	school described in section 170(b)(	1VAVii) (Attach Schodule E /Fe	000 0	און וועטוטייו	()(1).	
3 A	hospital or a cooperative hospital ser	vice organization described in a	ontion 470/	90-EZ).)		
4 A	medical research organization opera	ted in consupction with a boundary	described i	)(1)(A)(III).	70/1-1/41/41/41/11	
cit	y, and state:	ited an conjunction with a nospital	described ii	section 1	70(b)(1)(A)(iii). Enter the hosp	pital's name,
	organization operated for the benefit	t of a college or university owner	d or opposite	the party	manufacture of the same of the	
se	ction 170(b)(1)(A)(iv). (Complete P.	art II \	u or operated	by a gover	rnmental unit described in	
6 A	federal, state, or local government or	governmental unit described in	section 170	/bV/4V/AV/w		
7 X Ar	organization that normally receives scribed in section 170(b)(1)(A)(vi).	a substantial part of its support f	rom a gover	nmental uni	t or from the general public	
	community trust described in section		ort II S			
9 An	agricultural research organization di	escribed in section 170(b)(1)(A)	Viv) operate	d in conjun	tion with a land areast college	
Of	university or a non-land-grant college iversity:	of agriculture (see instructions)	. Enter the n	ame, city, a	and state of the college or	
suj	organization that normally receives: beipts from activities related to its exe oport from gross investment income quired by the organization after June	empt functions—subject to certain and unrelated business taxable in	n exceptions	and (2) no	more than 22 1/20/ of ite	
11 An	organization organized and operated	exclusively to test for public sat	fety. See see	tion 509/a	V4)	
12 An	organization organized and operated	exclusively for the benefit of, to	perform the	functions of	f or to carry out the purposes	
Oil	are or more publicly supported organ	itzations described in section 50	09(a)(1) or s	ection 509	aV2) See section E00/aV2)	
Ch	eck trie box in lines 12a through 12d	that describes the type of suppo	rting organiz	ation and o	omplete lines 12e, 12f, and 12	a.
a 📙	Type I. A supporting organization of the supported organization(s) the pro- supporting organization. You must	complete Part IV, Sections A	l a majority o and B.	f the directo	ors or trustees of the	
ь	Type II. A supporting organization s	supervised or controlled in conne	ection with its	supported	organization(s), by having	
	control of management of the suppl	orling organization vested in the	same persor	ns that cont	rol or manage the supported	
6 [	organization(s). You must comple	te Part IV, Sections A and C.				
	Type III functionally integrated. A its supported organization(s) (see in	supporting organization operate	d in connect	ion with, an	d functionally integrated with,	
d [	Type III non-functionally integrate that is not functionally integrated. The	ed. A supporting organization op ne organization generally must sa	erated in co	nnection wit	h its supported organization(s)	)
~ [	requirement (see instructions). You	must complete Part IV, Section	ons A and D	, and Part	V.	
f Ent	Check this box if the organization re functionally integrated, or Type III no	in-functionally integrated support	om the IRS ting organiza	hat it is a Trition.	ype I, Type II, Type III	
g Pro	er the number of supported organiza vide the following information about t	tions				
(i) Name of si						
organiza		(iii) Type of organization (described on lines 1–10	(iv) is the organization (v) Amount of monetary issed in your governing support (see			(vi) Amount of other support (see
		above (see instructions))	docur	ment?	instructions)	instructions)
**			Yes	No		
A)						
B)						
C)			-			
0)						
E)	,					
				Tresurpus.		
otal			THE PARTY OF	2.00		

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.)

Se	ction A. Public Support			noted below, pr	case complete	rait iii.)	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,067	112,888	111,686	170,287	121,835	640,763
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	124,067	112,888	111,686	170,287	707 507	227 222
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		A12, 350	A11, 030	170,287	121,835	640,763
	shown on line 11, column (f)	THE CHARLES					3,046
Sec.	Public support. Subtract line 5 from line 4					温等温色物味到	637,717
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(6) T-1-1
7	Amounts from line 4	124,067	112,888	111,686	170,287		(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32	32	33		121,835	640,763
9	Net income from unrelated business activities, whether or not the business is regularly carried on		3.6	33	28	21	146
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	SUPERMUNE S		PROPERTY.	ocal/delicarion to	1400-1100-1100-1100	
12	Gross receipts from related activities, etc. (s	ee instructions)		See all the second section in		ATTACH PROPERTY AND ADDRESS OF	640,909
13	First five years. If the Form 990 is for the o	rganization's first, se	cond. third, fourth	or fifth tay wase se	a postion E01/e)/2)	12	86,457
_	organization, check this box and stop here			or mortus year as	a section so r(c)(s)		▶ □
	tion C. Computation of Public Su	pport Percentaç	je				
14	Public support percentage for 2019 (line 6, or Public support percentage from 2018 School	column (f) divided by	line 11, column (f))			14	99.50%
15	the state of the s	uic A, Fart II, line 14				4.6	91.57%
l6a	33 1/3% support test—2019. If the organiz	ation did not check the	ne box on line 13, a	nd line 14 is 33 1/3	% or more, check	this .	
b	box and stop here. The organization qualifie	es as a publicly suppo	orted organization				▶ X
U	33 1/3% support test—2018. If the organization have and step have. The	ation did not check a	box on line 13 or 1	6a, and line 15 is 3	33 1/3% or more, cf	neck	_
7a	this box and stop here. The organization qu	alifies as a publicly s	upported organizati	ion	XX 00000 DESIGN 0355		▶□
	10%-facts-and-circumstances test—2019	. 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 organization meets the "facts organization	s-and-circumstances	test. The organiza	ation qualifies as a	publicly supported		
	15 is 10% or more, and if the organization me	eets the "facts-and-c	ircumstances" test.	on line 13, 16a, 16 check this box and	b, or 17a, and line		
	Explain in Part VI how the organization meet	s the "facts-and-circu	imstances" test. Th	e organization qua	lifies as a publicly		
							▶ □
	instructions		AN OADO LAMBO COMO	0.0000000000000000000000000000000000000			

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.

	ction A. Public Support	quality under t	ne tests listed t	pelow, please c	omplete Part II	.)	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Tetal
1	Gifts, grants, contributions, and membership fees received. (Ob not include any "unusual grants.")		(3) 2010	(0) 2011	(0) 2010	(e) 2019	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				(-)	(0) 20.0	(1) 10101
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first, s	second, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	
Sect	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2019 (line 8, c	olumn (f), divided b	ov line 13. column (	0)		46	**
16	Public support percentage from 2018 Sched	ule A. Part III. line	15	W		15	
Sect	tion D. Computation of Investmen	t Income Perc	entage				%
17	Investment income percentage for 2019 (line	10c. column (f) d	ivided by line 13 o	shuma (ft)		147	
18	Investment income percentage from 2018 Sc	chedule A. Part III	line 17	aumin (I))	33340040010000000000	17	%
19a	33 1/3% support tests—2019. If the organia	zation did not checi	k the box on line 14	and line 15 is more	o than 22 44204	18	%
	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization out	fine as a publish -	e than 33 1/3%, ar	nd line	- D
b	33 1/3% support tests—2018. If the organia	zation did not check	k a box on line 14 o	r line 19a, and line	16 is more than 33	1/3% and	
	line 18 is not more than 33 1/3%, check this l	box and stop here	. The organization of	qualifies as a public	ly supported organ	ization	<b>&gt;</b> [
20	Private foundation. If the organization did n	ot check a box on I	line 14, 19a, or 19b	, check this box and	see instructions .		

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

(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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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)
- 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?
- 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 (as 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.
- 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.)

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Sche	tule A (Form 990 or 990-EZ) 2019 THE FOUNDATION FOR ART & MUSIC IN 3.  Int IV Supporting Organizations (continued)	5-1719238		Pag
	supporting organizations (continued)			_
11	Has the organization accepted a gift or contribution from any of the following persons?	2000	Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1,110		
	below, the governing body of a supported organization?	11a	1111111111	1449333
b	A family member of a person described in (a) above?	11b	_	+
Sac	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	_	+
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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			<b>#</b>
	controlled the organization's activities. If the organization had more than one supported organization			1000
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	10000000000000000000000000000000000000	E TOTAL	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	DISPERSE	100000
2	Did the organization operate for the benefit of any supported organization other than the supported	113133	dilli di	Stille
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes " explain in Part	425437		
	VI now providing such benefit carried out the purposes of the supported organization(s) that operated	11157		
Sact	supervised, or controlled the supporting organization.	2	110000000	4943000
Seci	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Citizen Control	Yes	No
	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			問題
	the supported organization(s).	1	HHHHH	21117
Sect	on D. All Type III Supporting Organizations	1		_
1	Did the organization provide to each of a		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			delle.
	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	7.11.15	Hilli	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's efficace directors as to the extent not previously provided?	1		
	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).	1172111		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		-
	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.	Property	SHIRING	
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Interval Part Text during the year (and inch	ructions).		
a	The digarization satisfied the Activities Test. Complete line 2 below.	,		
Ь	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 (se	e instructions).		
2 A	ctivities Test. Answer (a) and (b) below.	r		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100000	Yes	No
	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.	20	ELLI FELL	man
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		CHILID
	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	440000000	
		4.0		
3	Parent of Supported Organizations. Answer (a) and (b) below.	Cheffin C		
а	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Parent of Supported Organizations. Answer (a) and (b) below.  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.	32		
b	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 1970	(explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organization	ons must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		(opcond)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see</li> </ol>	11011000		List Street County
instructions for short tax year or assets held for part of year):	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
a Average monthly value of securities	1a		DESCRIPTION OF THE PROPERTY OF
<ul> <li>Average monthly cash balances</li> </ul>	1b		
<ul> <li>Fair market value of other non-exempt-use assets</li> </ul>	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	60,5160		LATE DESCRIPTION
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	The second secon	
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		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integ	rated Tuna III accord	adlan sessal adia d	

Schedule A (Form 990 or 990-EZ) 2019 THE FOUNDATION FOR ART & MUSIC IN 35-1719238 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Fo	rm 990 or 990-EZ) 2019 THE FOUNDATION FOR APT & MUSTO TN 35 177 0000
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

OMB No. 1545-0047

2019

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE FOUNDATION FOR ART & MUSIC IN ELEMENTARY EDUCATION, INC.

Employer identification number

35-1719238

Organization time (sheet see	30 1719230
Organization type (check one	):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is co Note: Only a section 501(c)(7), instructions.	vered by the General Rule or a Special Rule.  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organization filin or more (in money or pr contributor's total contri	roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the y literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ourposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering read of the contributor name and address), II, and III.
contributor, during the y contributions totaled mo during the year for an ex-	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such are than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the parts unless the parts of the parts unless the parts of the parts unless the parts of the parts unless the parts
990-EZ, or 990-PF), but it must	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE FOUNDATION FOR ART & MUSIC IN

Employer identification number 35-1719238

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		s 7,500	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	**************************************	s	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		s11,166	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
	**************************************	s 16,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s 11,941	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR ART & MUSIC IN PAGE 2 OF 2 Page 2
Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		s 9,807	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
10		s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
000.72		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	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.

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number

THE FOUNDATION FOR ART & MUSIC IN ELEMENTARY EDUCATION, INC. 35-1719238 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important 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 conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included 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 other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ S

Part III Organizations	HE FOUNDA	ATION FOR	ART & MUST	IC IN	35-1719	238	Davi
raitini Organizations	Maintaining	Collections of	Art Historical	Transcurae a	. Other Cimi	las Assats	Pag (continued)
3 Using the organization's acqui collection items (check all that	isition, accession.	, and other records,	check any of the follow	owing that make	significant use of	fits	(continued)
a Public exhibition		d $\square$	Loan or exchange pr	rooram			
b Scholarly research				-			
c Preservation for future ger	nerations		Out	**************			
4 Provide a description of the or		ctions and explain h	ow they further the o	rannization's avv	and a man a section	Dest	
XIII.		and on a explain	ow tries furtiles the t	rganization's ext	empt purpose in	Part	
5 During the year, did the organi	ization solicit or re	ceive donations of	art historical transcur	oe or other elmille			
assets to be sold to raise fund	s rather than to be	e maintained as nar	t of the examination	es, or other simil	ar		П., П
Part IV Escrow and Cu	ustodial Arra	ngements.	t or the organization	s comection?			Yes
			on Form 990, P	art IV line 9	or reported	n amount	on Form
990, Part X, line	21.		0111 01111 000, 1	dit iv, iiio o,	or reported a	an annount	Oli Folili
1a Is the organization an agent, tr		or other intermedian	v for contributions or	other assets no			
included on Form 990, Part X?			,				Yes
b If "Yes," explain the arrangeme	ent in Part XIII and	d complete the follow	ving table:		***************************************		res
		,	3 10000				Amount
c Beginning balance						1c	Autourk
d Additions during the year					000000000000000000000000000000000000000	1d	
e Distributions during the year			LEALLI COON LEGGINGS			1e	
r Ending balance						16	
za Did the organization include an	amount on Form	1 990, Part X, line 21	, for escrow or custo	odial account liab	illity?		Yes
b If "Yes," explain the arrangeme	ent in Part XIII. Ch	neck here if the expl	anation has been pro	ovided on Part XI	II.	TATAL TRUCKS O	
Part V Endowment Fu	ınds.					ALCOHOLD TO THE PARTY OF	
Complete if the	organization a	answered "Yes"	on Form 990, Pa	art IV, line 10			
		(a) Current year	(b) Prior year	(c) Two years		ree years back	(e) Four years bac
a Beginning of year balance						-	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Contributions							
c Net investment earnings, gains	s, and						
losses							
d Grants or scholarships							
<ul> <li>Other expenditures for facilities</li> </ul>	and						
programs							
f Administrative expenses							
g End of year balance							
Provide the estimated percents	age of the current	year end balance (I	ine 1g, column (a)) h	eld as:			
a Board designated or quasi-end	owment >	%					
b Permanent endowment >	%						
C Term endowment ▶	96						
The percentages on lines 2a, 2	b, and 2c should						
a Are there endowment funds no	t in the possessio	on of the organization	n that are held and a	dministered for t	he		
organization by:							Yes N
(i) Unrelated organizations							3a(i)
(ii) Related organizations							3a(ii)
b If "Yes" on line 3a(ii), are the re					., ., ., ., ., ., ., ., ., ., ., ., .,		3b
Describe in Part XIII the intende	ed uses of the org	anization's endown	ent funds.				
Part VI Land, Buildings							
Complete if the	organization a	inswered "Yes"	on Form 990, Pa	art IV, line 11:	a. See Form	990, Part )	, line 10.
Description of property		(a) Cost or other ba		other basis	(c) Accumulate		(d) Book value
		(investment)	(ot	her)	depreciation		
a Land					Mike Henry		
Buildings							
c Leasehold improvements							
d Equipment				105,003	34	, 535	70.46
d Equipment e Other				105,003	34	,535	70,46

Schedule D (Form 990) 2019 THE FOUNDATION FOR ART & MUSIC IN Part VII Investments - Other Securities.

2 5	-	-	1	^	~	~	-	
33-	- 1	- /	-	w	1	~	54	

	(a) Description of security or category	(b) Book value	ne 11b. See Form 990, Par (c) Method of vo	
d) Financia	(including name of security)		Cost or end-of-year	market value
(1) Financial		00		
	eld equity interests			
(3) Other				
The Market Contract of the Con				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments - Program Related.			Assessment of the second
	Complete if the organization answered "Yes" or	n Form 990 Part IV lin	e 11c See Form 990 Part	V line 12
	(a) Description of investment	(b) Book value	(c) Method of va	
		10,000.000	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	<b>&gt;</b>		MIRCHROSE
	Complete if the organization answered "Vee" of	a Form OOO Dort IV/ I'm		20 11 40
	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(1)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4) (5)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4) (5)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description	n Form 990, Part IV, lin		
	(a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	n Form 990, Part IV, lin	e 11d. See Form 990, Part	
(2) (3) (4) (5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" or			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" of line 25.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(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) Sook value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(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) otal. (Column Part X	(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) otal. (Column Part X	(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) (otal. (Column Part X  1) Federal ii (2) (3) (4)	(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) (otal. (Column Part X  1) Federal ii (2) (3) (4) (5)	(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) otal. (Column Part X  1) Federal ii (2) (3) (4) (5) (6)	(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) otal. (Column	(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) Sook value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal ii (2) (3) (4) (5) (6)	(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) Sook value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  (1) Federal ii (2) (3) (4) (5) (6) (7)	(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) Sook value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X  1) Federal ii 2) 3) (4) 5) 6) (7) (8) (9)	(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) Sook value

Schedule D (Form 990) 2019 THE FOUNDATION FOR ART & M	USIC IN	35-171923	38	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 99  1 Total revenue, gains, and other support per audited financial statements	0, Part IV, line 1	2a.	Т. Т	102.000
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		211111111111111111111111111111111111111	1	123,090
a Net unrealized gains (losses) on investments	1001			
b Donated services and use of facilities	2a 2b	1 000	1000	
b Donated services and use of facilities  Recoveries of prior year grants	20	1,023	1000	
c Recoveries of prior year grants	2c 2d		586	
d Other (Describe in Part XIII.)  e Add lines 2a through 2d	20		20	1 02
e Add lines 2a through 2d  3 Subtract line 2e from line 1		***************************************	2e	1,02
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	122,06
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	3,535	200000	
c Add lines 4a and 4b	40		4c	3,53
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	00000 00001 0000010	000000000000000000000000000000000000000	5	125,602
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	eturn.	120,000
Complete if the organization answered "Yes" on Form 99  1 Total expenses and losses per audited financial statements			1	135,091
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			7125177	133,031
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses			Hall	
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	135,093
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			721000	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	3,535		
c Add lines 4a and 4b			4c	3,535
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	138,626
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part ; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional info	rmation.		
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDE	ED ON RETU	RN - OTHER	3	00000 00000 00000 00000 0
COS		\$		3,535
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUI	DED ON RET	URN - OTHE	ZR	
cos		\$		3,535
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			reason reason	

Schedule D (Fo	orm 990) 2019	THE	FOUNDA	TION	FOR A	RT &	MUSIC	IN	35-17	19238		Page 5
Part XIII	Suppleme	ntal Info	rmation (d	continue	d)							
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						1100000 000	***	***				

### 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.

2019

Department of the Treasur Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization THE FOUNDATION FOR ART & MUSIC IN Employer identification number ELEMENTARY EDUCATION, INC. 35-1719238 FORM 990, PART I, LINE 6 THE ORGANIZATION HAS 2 TYPES OF VOLUNTEERS: BOARD MEMBERS - OVERSEE THE MISSION OF THE FAME ORGANIZATION AND ENSURE THAT THE ORGANIZATION RETAINS ITS MISSION REGARDING THE QUALITY, EFFECTIVENESS AND RELEVANCE OF FAME ACTIVITIES AND PROGRAMS. THEY ARE ALSO CHARGED WITH FACILITATING FUNDRAISING EVENTS. COMMUNITY VOLUNTEERS - ARE PRIMARILY USED FOR THE ANNUAL TWO DAY FESTIVAL AT THE GRAND WAYNE CENTER, IN FORT WAYNE, INDIANA. THEY STAFF THE CONCESSIONS, AID CHILDREN AT THE IMAGINARIUM WITH HANDS-ON ART PROJECTS, STAFF THE TICKET BOOTHS AND HELP GUIDE THE CHOIRS/BANDS BETWEEN THE HOLDING AREAS AND THE PERFORMANCE STAGES. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS COMPOSITION PROJECT, CULTURE KITS, FUSION OF CONCERT COLORS, WORKSHOP, AND RAVE NEWSLETTER FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE RETURN IS FORWARDED ELECTRONICALLY TO ALL BOARD MEMBERS TO REVIEW AND COMMENT BEFORE FILING. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD SETS THE COMPENSATION FOR ALL EMPLOYEES AND IT IS BASED ON COMPARABLE COMPENSATION FOR SIMILAR POSITIONS IN OTHER ORGANIZATIONS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization  THE FOLINDATION FOR ADD ADD TO MINOTE THE		Page :
THE FOUNDATION FOR ART & MUSIC IN	35-17	19238
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS FOR THE O	RGANIZATI	ON ARE
AVAILABLE UPON WRITTEN REQUEST.		
	***************************************	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSET	S PVDIANA	TTON
000		
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# **Filing Instructions**

# THE FOUNDATION FOR ART & MUSIC IN ELEMENTARY EDUCATION, INC.

# Indiana Nonprofit Organization's Annual Report

Taxable Year Ended June 30, 2020

Date Due:

November 16, 2020

Remittance:

None is required.

Mail To:

Indiana Department of Revenue

Tax Administration P.O. Box 6481

Indianapolis, IN 46206-6481

Signature:

The return should be signed and dated by an officer representing the

organization.