Form	990-EZ

## **Short Form**

OMB No. 1545-0047 2023

# **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. /= ... للما ممالدات . . .

Open to Public Inspection

Depa Inter	artment o nal Rever	f the Treasury nue Service	Go to www.irs.gov/Form990EZ for instructions and the latest informa			Inspection
A F	or the	2023 calenda	ar year, or tax year beginning 01/01/2023 and ending	12	/31/20	23
Β	heck if ap	oplicable:	C Name of organization			entification number
	Address c	hange	MUSIC STAND	-	4	6-4137592
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep		
~	Initial retur	rn	PO BOX 170984		68	2-777-4797
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro		mption
	Amended Applicatio	return n pending		nber		
		ting Method:	ARLINGTON, TX 76003 Cash Accrual Other (specify):			e organization is <b>not</b>
		•	musicstand.org			ach Schedule B
			ck only one) - ✓ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	(Form 9		
			□ Corporation □ Trust □ Association ☑ Other: Organizati		/	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to			
			500,000 or more, file Form 990 instead of Form 990-EZ		. \$	2,406
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		ctions	
			the organization used Schedule O to respond to any question in this Par			
	1		ons, gifts, grants, and similar amounts received		1	1,546
	2		ervice revenue including government fees and contracts		2	0
	3	•	ip dues and assessments		3	0
	4	Investment	-		4	0
	5a		unt from sale of assets other than inventory	0	-	<b>U</b>
	b		or other basis and sales expenses	0		
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6		d fundraising events:			
Pe	a	-	ome from gaming (attach Schedule G if greater than			
	-			0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribu			
Sev.			aising events reported on line 1) (attach Schedule G if the			
ш.			h gross income and contributions exceeds \$15,000)   6b	860		
	с	Less: direc	t expenses from gaming and fundraising events 6c	499		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		
		line 6c) .			6d	361
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	c		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	-	nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	1,907
	10		I similar amounts paid (list in Schedule O)		10	3,897
	11		aid to or for members		11	0
ŝ	12		ther compensation, and employee benefits		12	0
Expenses	13		al fees and other payments to independent contractors		13	0
be	14	Occupancy	y, rent, utilities, and maintenance		14	0
Щ	15		ublications, postage, and shipping		15	20
	16		enses (describe in Schedule O) See Schedule O, Statement 1		16	2,561
	17		enses. Add lines 10 through 16		17	6,478
s	18		(deficit) for the year (subtract line 17 from line 9)		18	-4,571
set	19		or fund balances at beginning of year (from line 27, column (A)) (must ag			
As		end-of-yea	r figure reported on prior year's return)		19	5,291
Net Assets	20	Other char	iges in net assets or fund balances (explain in Schedule O)		20	0
z	21		or fund balances at end of year. Combine lines 18 through 20		21	720
For	Paperv	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421			Form <b>990-EZ</b> (2023)

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Pa		•				
	Check if the organization used Schedule	O to respond to ar				<u> </u>
00	Cash as is a and in vestments		-	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments		•••••	5,291 0		<u> </u>
23 24	Other assets (describe in Schedule O)		· · · · · ·	0		0
25	Total assets		· · · · · ·	5,291		720
26	<b>Total liabilities</b> (describe in Schedule O)			0		0
27	Net assets or fund balances (line 27 of column			5,291	27	720
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for P	Part III)		
	Check if the organization used Schedule	O to respond to an	ny question in this I	Part III  . 🗌	(D	Expenses
What	t is the organization's primary exempt purpose?	Music series/educat	ion; artist developme	nt/support		uired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis leasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the			orgai other	nizations; optional for s.)
28	The Music Stand provided emergency funding assist	tance seven times to	professional musicia	ins in need of		
	rent assistance, bills assistance, groceries & basic li	ving needs.				
	(Grants \$ 3,897) If this amount				28a	3,897
29	The Music Stand developed a new venue partnership					
~~	<u>·</u> ,	includes foreign gra			29a	1,250
30	The Music Stand continued our virtual concert series			perience for		
	individuals, groups, and organizations through an ac	ccessible online plat	orm.			
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		30a	730
31	Other program services (describe in Schedule O)				oou	130
		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a t				32	5,877
Par					struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part IV		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	o	Estimated amount of ther compensation
Arlin	gton J Jones II	12.00	0	(	ו	0
Four	nder/President					
	N Jones	12.00	0	(	ו	0
	nder/Vice President					
	Sewell	1.00	0	(	ו	0
	d Member Die Repka	1.00	0			0
	d Member	1.00	0			0
	a Stafford	1.00	0	(	5	0
	d Member		_			-
					-	

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
33	Did the eventiation encode in any circlificant activity not even involve was attached to the IDCO If (1)/co " even ide o		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			•
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O. See instructions	34		~
<b>55</b> a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		~
30	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			•
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>	308		~
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
тоа	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		V
Ū	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed:			
42a		82-77 76017		7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	/001/	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		-	
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
с	Did the organization receive any payments for indoor tanning services during the year?	440 44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45		44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		~

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines
	50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI	• •	• •	
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

. .

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

\_\_\_\_\_ completed Schedule A \_\_\_\_\_ Yes 🗌 No

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

Sign	Signature of officer			Date			
Here	Hope Jones, Co-Founder/VP						
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address				Phone no.		
May the IRS	discuss this return with the preparer	shown above? See instructions			[	🗌 Yes 🗌 No	

SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Go	to	www.irs.	aov/Form	n990 for	<sup>,</sup> instructions	and the	latest information	_
20			900/1 011	1000 101	1100 000010	und une	latest innormation	

Name of the organization

2023 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

46-4137592

#### MUSIC STAND

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			· · ·	I	,	
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,389	6,819	9,085	5,825	1,907	32,025
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	8,389	6,819	9,085	5,825	1,907	32,025
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						32,025
	on B. Total Support	[]					
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4	8,389	6,819	9,085	5,825	1,907	32,025
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						32,025
12 13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	s first, second	, third, fourth,		<b>12</b> ear as a sectio	
Secti	on C. Computation of Public Suppor						
14 15 16a	5 Public support percentage from 2022 Schedule A, Part II, line 14						
b							
17a	17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	<b>Private foundation.</b> If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
						Schedule /	A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	1			- 1
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included on line 10b, whether						
	or not the business is regularly carried on						
10	5,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	's first, second	I, third, fourth	, or fifth tax ve	ar as a sec	tion 501(c)(3)
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2023 (line a	-		13, column (f))		15	%
16	Public support percentage from 2022 Scl	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2023 (	line 10c, colur	nn (f), divided l	oy line 13, colι	umn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	331/3% support tests-2023. If the organ					ore than 331	/3%, and line
	17 is not more than $33^{1}/_{3}\%$ , check this box	and stop here	. The organizati	on qualifies as	a publicly suppo	orted organiz	ation 🗌
b	331/3% support tests-2022. If the organiz						
	line 18 is not more than 33 <sup>1</sup> /3%, check this	box and <b>stop ł</b>	nere. The organ	ization qualifies	s as a publicly s	upported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see inst	ructions .

Schedule A (Form 990) 2023

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page <b>7</b>		
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	on D-Distributions			Current Year		
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1					
2						
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required-	1	<i>VI</i> ) 5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2023 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10	)		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
С	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

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


## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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



Employer identification number

# Name of the organization

MUSIC STAND	46-4137592
Form 990-EZ, Part I, Line 10 - Musicians Emergency Fund assistance to professional musicians	

Schedule O, Statement 1	MUSIC STAND
Form: Form 990-EZ (2023)	EIN: <b>46-4137592</b>
Page: 1	Part I, Line 16
Other Expenses Structured Explan	nation
Description	Amount
Concert Series Expense	1,615
Musicians Personal Development Expense	219
Creative Music Education Expense	146
Annual Insurance Premium	469
Bank Account Fees	112
Total:	2,561