Department of the Treasury

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.

Open to Public Inspection

A	For the	e 2017 calendar year, or tax year beginning and	ending		
	Check if	C Name of organization		D Employer identifi	cation number
	applicabl			Employer ruenum	
Г	Addre	ELLIS MARSALIS CENTER FOR MUSIC, INC.			
F]chang Name	Days business on		20-4	218706
-	Jchang]Initial	7	D		
늗	lretum _]Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/surte	E Telephone numbe	
_	retum. termin	- F ^{**}		61/-	354-2736
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,382,824.
느	Amen	CAMBRIDGE, MA 02139		H(a) Is this a group re	
	Application tion pendii	Finame and address of principal officer ANN MAKIE WILKINS		for subordinates	Yes X No
		SAME AS C ABOVE	カケ	H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3) 501(c) ()	01/1/527	If "No," attach a	list (see instructions)
		te: WWW.ELLISMARSALISCENTER.ORG		H(c) Group exemptio	n number
<u>K</u>	orm of	organization: X Corporation	L Year	of formation: 2006 N	A State of legal domicile: LA
Pa	art I	Summary	·		
a	1	Briefly describe the organization's mission or most significant activities TO O	VERSEE	THE OPERAT	ION OF A
ĕ		COMMUNITY CENTER/PERFORMANCE HALL/RECORD	ING ST	UDIO.	
rua	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	00	4	10
Activities & Governance	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	70
Ìŧ	l	Total number of volunteers (estimate if necessary)	// _ `	6	101
₹	1	Total unrelated business revenue from Part VIII, column (C), line 12	(E	/ 7a	0.
ď	1	Net unrelated business taxable income from Form 990-T, line 34		76	0.
_	† - -	1:4/	3, 1,	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		12,197,110.	439,218.
	1	Program service revenue (Part VIII, line 2g)	107	41,312.	44,681.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,461.	47,064.
æ	L			0.	301,758.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/ -	12,248,883.	832,721.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line †2)	~~~	0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	927,608.	
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		1,059,205.
Ë		Professional fundraising fees (Part IX, column (A), line 11e)		0.	21,812.
X	1	Total fundraising expenses (Part IX, column (D), line 25) 145, 4	96.	1 040 010	1 1 4 4 1 0 1
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	1,248,819.	1,144,121.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,176,427.	2,225,138.
		Revenue less expenses Subtract line 18 from line 12		10,072,456.	-1,392,417.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		13,631,650.	12,387,158.
\$	21	Total liabilities (Part X, line 26)		15,545.	47,743.
		Net assets or fund balances Subtract line 21 from line 20		13,616,105.	<u>12,339,415.</u>
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer		
		Wir Maxie Wilken			. /3 ./8
Sig	h	Signature of officer		Date	
Her	e	ANN MARIE WILKINS, BOD PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparet signature	L	Date Check	PTIN
Paid	i	KELLY A. MCLAUGHLIN	<u> </u>	self-employe	
Prep	parer	Firm's name DAVIES & MONAHAN, P.C.		Firm's EIN	04-3245662
Use	Only	Firm's address 1 BATTERYMARCH PARK, STE 101			
		QUINCY, MA 02169-7454		Phone no 61	<u>7-769-9600</u>
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
					Form 900 (2017)

	990 (2017) ELLIS MARSALIS CENTER FOR MUSIC, INC. 20-4218706 Page	<u>2</u>
Pa	t III Statement of Program Service Accomplishments	7
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO OVERSEE THE OPERATION OF A COMMUNITY CENTER/PERFORMANCE	_
	HALL/RECORDING STUDIO AND TO TEACH MUSIC/DANCE/COMPUTER LITERACY TO	
	CHILDREN, TO PROVIDE FACILITIES FOR THE ADVANCEMENT OF NEW ORLEANS MUSICIANS AND OTHER PERFORMING ARTISTS AND TO INTERACT WITH RESIDENTS.	—
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No.	
	•)
_	If "Yes," describe these new services on Schedule O	
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	
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	_
4a	(Code) (Expenses \$1,924,692. including grants of \$) (Revenue \$335,269.)
	DURING 2017, THE USE OF THE CENTER'S RECORDING FACILITIES AND	_
	PERFORMANCE SPACE CONTINUED TO BE USED FOR PRODUCTION TRAINING	
	PROGRAMS, MUSICIAN'S ASSISTANCE PROGRAMS, AFTER-SCHOOL PROGRAMS,	
	ACADEMIC ENRICHMENT, HOMEWORK ASSISTANCE, INDEPENDENT STUDY PROJECTS,	_
	CULTURAL ENRICHMENT AND COMMUNITY ASSISTANCE.	_
		_
		_
		_
		_
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		_
		_
		_
		_
		_
		_
		_
		_
4c	/6	_
70	(Code) (Expenses \$,
		-
		_
		—
		_
		_
		_
		_
		_
		_
		_
	<u> </u>	_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 1,924,692.	_
	Form 990 (201)	7)

20-4218706

Page 3

01111 220	20 17		
Part IV	Checklist	of Required Schedules	

)	.,,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng 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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		(
	as applicable		, 	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		·	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did 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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	X
		Form	990	(2017)

	990 (2017) ELLIS MARSALIS CENTER FOR MUSIC, INC. 20-421	<u> 18706</u>	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			,
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		_x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	1 1	X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
- 10	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
L	· · · · · · · · · · · · · · · · · · ·			
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_ <u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member]	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_ <u>X</u> _
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	٠	_	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠,	Part V, line 1	34		X
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	530		-41
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3EL		
36		35b	·	
90	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	_36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		X

Form 990 (2017)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	1a 51		17.30	16 1 x 5 14 15 1 20 x 5 14 15 15 1
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		1,000	
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				440
	filed for the calendar year ending with or within the year covered by this return	2a 70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
ь	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	<u> </u>	L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				1200
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	And the second	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2400
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a_	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_5c	_	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit		ļ. ļ	
	any contributions that were not tax deductible as charitable contributions?		6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	ions or gifts		ľ	ĺ
	were not tax deductible?	-	6b	** 483* 4	Jus rut :
7	Organizations that may receive deductible contributions under section 170(c).			THE.	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?		_	X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	l _		
	to file Form 8282?	11	7c	۲. «۲. ۱۳۵۲ از	X 2941 892
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	- water		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	•	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contile the organization received a contribution of qualified intellectual property, did the organization file.		7f		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file Filt the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		191725122	2 SA	15726
•	sponsoring organization have excess business holdings at any time during the year?	by the	8	detile e tid.	1927 A.C.
9	Sponsoring organizations maintaining donor advised funds.		翻篮	hála:	Cost.
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	IS NOT HERE PERSON	takirining.
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		P1.65		1000000
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	12,000,423
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		Pies.	
11	Section 501(c)(12) organizations. Enter		7	\$1960.00°	3.4.W
а	Gross income from members or shareholders	11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		Carry Carry	18"
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	100.000		1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			影響	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			13,4	
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			25.00
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		<u> </u> (2017

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI						X						
Sec	tion A. Governing Body and Management												
						Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10	- 5 -,		, · '						
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10	• ",-•.	, ,							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other										
	officer, director, trustee, or key employee?		•	i	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision	ľ									
	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	Ţ	4		X						
5													
6													
7a	•												
	more members of the governing body?			}	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	Ī									
_	persons other than the governing body?				7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e followina:	Ì	\	4.42							
a	The governing body?	,		ĺ	8a	X							
b	Each committee with authority to act on behalf of the governing body?			-	 8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched:	at the	-									
Ů	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ionoa .	21 1110	,	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Ri	evenu	e Code)										
	The section of the se		, , , , , , , , , , , , , , , , , , , ,			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		X						
	b 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?												
11a													
ь													
12a													
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	[12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe	[
	in Schedule O how this was done			Ĺ	12c	X							
13	Did the organization have a written whistleblower policy?				13		X						
14	Did the organization have a written document retention and destruction policy?				14		X						
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	dependent		4		1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ì.		,							
а	The organization's CEO, Executive Director, or top management official				15a	X.							
b	Other officers or key employees of the organization			Ĺ	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				``		- " -						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	/ith a		·,	ž	-						
	taxable entity during the year?				16a		_X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation		,	•	, si						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's	[,			. 1						
	exempt status with respect to such arrangements?				16b								
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ►MA												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s	only) av	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply												
	Own website Another's website X Upon request Other (explain	ın Scl	nedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest polic	y, and	fınand	cial							
	statements available to the public during the tax year												
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records		_								
	WILKINS MANAGEMENT, INC 617-354-2736		···										
	323 BROADWAY, CAMBRIDGE, MA 02139												
732006	11-28-17				Form	990	(2017)						

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	(do not check more		Position of check more than one			one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			ıs botl	n an	compensation	compensation	amount of	
	week		26, 41,		3 a director trastee,			from	from related	other
	(list any hours for	ige				ς,		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	stee			sale		(W-2/1099-MISC)	(** 2 1033 111100)	organization
	organizations	Individual trustee or director	institutional trustee		e J	шрег		(** 2 100000)		and related
	below	qea	utton	₌	를	est co oyee	13			organizations
	line)	횰	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) ANN MARIE WILKINS	10.00								_	
CHAIRPERSON & PRESIDENT		X		Х	<u></u>			0.	0.	0.
(2) HARRY CONNICK, JR	0.30							_	_	
BOARD DIRECTOR		Х		<u></u>	<u> </u>			0.	0.	0.
(3) BRANFORD MARSALIS	0.30									
BOARD DIRECTOR		X						0.	0.	0.
(4) ROY MOULEDOUS	3.00									0
BOARD DIRECTOR		Х						0.	0.	0.
(5) W. GARNER ROBINSON	2.00									•
BOARD DIRECTOR		Х			-			0.	0.	0.
(6) ANDREW R. LEE	3.00								0	0
SECRETARY		X	ļ	X		\vdash		0.	0.	0.
(7) JACK LEAHY	2.00									0
BOARD DIRECTOR		X					-	0.	0.	0.
(8) MARTHA MURPHY	2.00									0
BOARD DIRECTOR	0.00	Х					_	0.	0.	0.
(9) CELINE LEFEBVRE	2.00	₹.		}				0.	0.	0.
BOARD DIRECTOR	2.00	X	<u> </u>				_	0.	<u> </u>	<u></u>
(10) HAYLEY CROWN	2.00	x						0.	0.	0.
BOARD DIRECTOR		^				H	-	0.	<u> </u>	
		1								
		\vdash				┢	-	·		_
	 	1				į				
	 									
		1							•	
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	<u> </u>					 				
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	1	1	 			T		·		<u> </u>
		1								
					T-	1				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable			timate	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	- 1		nount	of
		week (list any		T			1	100,	from	from related organizations	- 1		other	tion
		hours for	Individual trustee or director		1			ļ	the organization	(W-2/1099-MIS			pensa om th	
		related	6010	ag			SE E	ĺ	(W·2/1099-MISC)	(** 27 1033 14110	~,		anızat	
		organizations	truste	Institutional trustee		92	mper	1	(17 23 1000 111100)			_	d relat	
		below	idual	allo	<u></u>	Key employee	est co	- E				orga	anızatı	ons
		line)	ng.	in Still	Officer	Key e	Highest compensated employee	Former		_				
						ĺ								
-														
						l								
										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			1											
			1					İ						
			1											
			1											
1b	Sub-total							<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V	II. Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)	.,						•	0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable	 е			
_	compensation from the organization						•							1
-													Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	ĺ			
	line 1a? If "Yes," complete Schedule J for s				•	•						3		X
4	For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d oti	her compensation from	the organization	ĺ			_
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes, " con											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization Report compensation for	the calendar y	ear	end	ng v	vith	or w	rthi <u>r</u>	n the organization's tax	year				
	(A)							İ	(B)		_	((
	Name and business	address	N	INC	E				Description of s	ervices	C	ompe	nsatio	n
										ļ				
										,				
2	Total number of independent contractors (including but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ						0		·- ·- ·- ·- ·- · · · · · · · · · · · ·					
									 -				aan /	20171

7	Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O Cont	ams a response	or role to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
nts tr	1 a	Federated campaigns	1a				THE PART OF THE PROPERTY OF				
ادِ يَ	ь	Membership dues	1b								
S, E	С	Fundraising events	1c								
F	d	Related organizations	1d		PRESENTATION OF SELECTION OF SE	Cappa, and programmed the second		100 100 100 100 100 100 100 100 100 100			
J.E	е	Government grants (contribut	tions) 1e					THE STATE OF THE S			
r S	f	All other contributions, gifts, gran	its, and								
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ve 1f	439,218.	THE PARTY OF THE P		THE RESERVE OF THE PROPERTY OF	A SANCE TO THE ACT OF A SANCE AND A SANCE			
불위	g	Noncash contributions included in lines	1a-1f \$		TOTAL STATE OF THE						
용	<u>b</u>	Total. Add lines 1a-1f		<u> </u>	439,218.						
		Business Code									
eg	2 a	PROGRAM INCOME		611600	33,511.	33,511.					
Program Service Revenue	b	RENTAL INCOME -	- FACILI	532000	11,170.			11,170.			
Sel	С	:									
eve	d	l			İ						
ρ. H	е	·	····								
<u>. </u>	f	All other program service reve	enue	L							
		Total. Add lines 2a-2f		_	44,681.	Thright State and Price Prices.	AND THE PROPERTY OF THE PARTY O	- 1644 Tet Day of 1866 1995			
`	3	Investment income (including	dividends, inter-	est, and				,			
		other similar amounts)		>	20,874.			20,874.			
	4	Income from investment of tax	x-exempt bond p	oroceeds >		, , , , , , , , , , , , , , , , , , , ,					
	5	Royalties		<u> </u>		V. Market of the Control of the Cont	21192120				
			(i) Real	(ii) Personal		White the state of					
	-6 а	Gross rents									
	b	Less rental expenses									
	С	: Rental income or (loss)	L								
·	d	Net rental income or (loss)		> _	LN 44 TYNTER N. N. C. ANNER CHRYPHNACE	En 134 Il lendenes den "e sesene les.	K. Kali derky tresh "	NE BELLEMBER KERSE FRE HALL HER B			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other							
		assets other than inventory	576,293.								
<i>'</i>	b	Less cost or other basis									
	, •	and sales expenses, '	550,103.								
	, c	• •	26,190.								
		Net gain or (loss)			26,190.	lautosočuk, sei uustaabanessiaaaalkeum S	*รักม ^ห ากมติได้สาที่พรีสอหีหลุยยาติหั-อาที่จัด	26,190.			
e l	8 a	Gross income from fundraising	•								
۰ Fe		including \$	of				17 17 14 17 17 17 17 17 17 17 17 17 17 17 17 17				
Be		contributions reported on line	1c) See								
Other Reven	_	Part IV, line 18	a								
₹		Less direct expenses	b		142711400 400 400 400 400 400 400 400 400 40						
		Net income or (loss) from fund	-								
ļ	ч а	Gross income from gaming ac					AND ARREST AND THE PROPERTY OF THE PARTY OF				
		Part IV, line 19	a								
1		 Less direct expenses Net income or (loss) from gam 	b b				ncence shirthence	For 404 194 194 194 194 194 194 194 194 194 19			
			-		R COMPANIES	CECHIER AND COLOR	**************************************	Carabasasasas estados estados estados estados estados estados estados estados estados estados estados estados e			
	ю а	Gross sales of inventory, less and allowances									
	L-		a b			Constitution of the second of		THE TRANSPORT OF THE PROPERTY			
J		Less cost of goods sold Net income or (loss) from sale			CELEGERALIS DAVIDER L'ESTRAPIANT	PUTANT TANIFES WAS TANIF REPORT OF					
-	<u>c</u>	Miscellaneous Revenu		Business Code		<u> Propersionalises</u>					
-	11 a			900099	301,758.	301,758.	 	CONTRACTOR CON			
ļ			TAOMITING.	700099	301,730 ·	331,730.					
ļ	þ			<u> </u>			-				
	C										
ľ	d	Total. Add lines 11a-11d			301,758.						
	12	Total revenue See instructions			832,721.	335,269.	O •	58,234.			
732009					, <u> </u>			Form 990 (2017)			

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo			omplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			AND THE PROPERTY OF THE PROPER	Creative in the second of the last in the call last in th
	and domestic governments. See Part IV, line 21			THE TRANSPORT OF THE PROPERTY	Control of the second of the s
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	·			
3	Grants and other assistance to foreign		·	O SE SECTION OF THE S	And the control of th
	organizations, foreign governments, and foreign			Louis and with the state of the	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				www.
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	•	.	,	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	937,779.	800,224.	61,695.	75,860.
8	Pension plan accruals and contributions (include	ì ·			
	section 401(k) and 403(b) employer contributions)	· · · · · · · · · · · · · · · · · · ·			
9	Other employee benefits	50,961.	43,472.	3,359.	4,130.
10	Payroll taxes	70,465.	60,110.	4,644.	5,711.
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,600.	5,600.		<u> </u>
С	Accounting	30,156.		30,156.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	21,812.			21,812.
f	Investment management fees	8,309.		8,309.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	39,2 <u>9</u> 0.	6,110.	•	33,180.
12	Advertising and promotion .				
13	Office expenses	31,061.	24,244.	4,877.	1,940.
14	Information technology	44,199.	40,934.	3,265.	
15	Royalties				
16	Occupancy	51,992.	46,793.	5,199.	
17 `	Travel '	4,297.	2,151.	2,146.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				·
20	Interest	•	*		
21	Payments to affiliates			,	
22	Depreciation, depletion, and amortization	582,262.	582,262.		
23	Insurance	97,649.	87,884.	9,765.	· · · · · · · · · · · · · · · · · · ·
24	Other expenses Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0)				
а	REPAIRS AND MAINTENANCE	72,343.	57,874.	14,469.	
b	PROGRAM EXPENSES AND SU	51,141.	49,799.	1,342.	
Ċ	CONCERT AND EVENT EXPEN	38;350.	37,363.	· 787.	200.
d	MUSICIAN CONTRACT LABOR	38,105.	36,038.		2,067.
е	All other expenses	49,367.	43,834.	4,937.	596.
25	Total functional expenses. Add lines 1 through 24e	2,225,138.	1,924,692.	154,950.	145,496.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		_	· ,	
	Check here if following SOP 98-2 (ASC 958-720)				•
	0 11-28-17		•		Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 752,506. 290,882. Cash - non-interest-bearing 292,807. 13,666. 2 2 Savings and temporary cash investments 599,015. 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 61,154 58,089. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 12,168,919. basis Complete Part VI of Schedule D 10a 11,342,017. 10,780,991. 1,387,928. 10c b Less accumulated depreciation 10b 1,039,654. 775,785. 11 Investments - publicly traded securities 11 Investments · other securities See Part IV, line 11 1 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 6,121. 15 6,121. 15 Other assets See Part IV, line 11 13,631,650. 12,387,158. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 15,545. 47,743. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 47,743. 15,545 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 12,872,876. 12,160,674. 27 Unrestricted net assets 743,229. 28 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ō and complete lines 30 through 34. 30 30 L Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 13,616,105 12,339,415. 33 33 Total net assets or fund balances 12,387,158. 13,631,650. 34 Total liabilities and net assets/fund balances

_	PILIC MADCALIC CENTED FOR MICIC INC	20	4218706	Doo	_{ie} 12
_	1990 (2017) ELLIS MARSALIS CENTER FOR MUSIC, INC. rt XI Reconciliation of Net Assets	20-	4210700	Pag	<u>e 12</u>
1 4					X
	Check if Schedule O contains a response or note to any line in this Part XI				لفكا
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83:	2,7	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,22		
3	Revenue less expenses Subtract line 2 from line 1	3	-1,392		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,61		
5	Net unrealized gains (losses) on investments	5		5,7	
6	Donated services and use of facilities	6		7,9	
7	Investment expenses	7		. , .	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		7,9	85.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			. , _	
10	column (B))	10	12,339	9.4	15.
Pai	rt:XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
			I	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ille (il.)	[j.j.]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			لنتنز
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			長温
	separate basis, consolidated basis, or both		0.2		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	CHAPON Y	3.5
	consolidated basis, or both		Transfer of the second		
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			• 1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	****
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	1 196.13	17.7	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit 🏥	A-452	
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	tit It		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2017

Open to Public Inspection

Name of the organization

Employer identification number

				CENTER FOR				<u>10-4218706</u>	
Pa	rt I Reason for Public Charity Status (All organizations must complete this part) See instructions								
The	organi	zation is not a private found	lation because it is (For lines 1 through 12, o	check only	one box)			
1		A church, convention of ch							
2	一						1) /	
3	鬥	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ħ	A medical research organiz					•	the hospital's name	
-		city, and state	ation operated in co	njunction with a nospita	, acsomber	a iii sectio	in Trologity(A)(in). Enter	the hospital s hame,	
_	_	An organization operated for	ar the benefit of a co	llogo or university owner	d or opera	tod by a a	overamental unit descri	and in	
5	لـــا			nege or university owner	u oi opeia	led by a g	overninental unit descri	Ded in	
_	r	section 170(b)(1)(A)(iv). (C							
6	装	A federal, state, or local gov	_						
7	LX	An organization that norma		ntial part of its support t	rom a gov	emmental	unit or from the general	public described in	
	г—	section 170(b)(1)(A)(vi). (C	•						
8	닏	A community trust describe	, ,		•				
9	L	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the colleg	e or	
		university							
10	\Box	An organization that norma	lly receives (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fees, a	and gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the organization	after June 30, 1975	
		See section 509(a)(2). (Cor	mplete Part III)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety See :	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g		
а		Type I. A supporting orga	•				_	/ aivina	
		the supported organization	•	•					
		organization You must o			,,				
ь		Type II. A supporting org	-		tion with it	s support	ed organization(s), by ha	iving	
•		control or management o						-	
		organization(s) You mus			arrio porse)	ontror or manage the out	ported	
С	Γ	Type III functionally inte			in connec	tion with	and functionally integrat	ad with	
C	Ļ	• • • • • • • • • • • • • • • • • • • •	•				• •	eu with,	
_		its supported organization						ration(s)	
ď		Type III non-functionally	•	• •			-	* *	
		that is not functionally int	-		-		·	iveness	
	_	requirement (see instructi		•					
е		Check this box if the orga					a Type I, Type II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation			
		r the number of supported o	-						
		ide the following information			l (iv) Is the orox	inization listed	(v) Amount of manatany	(vi) Amount of other	
	()	Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1.10	in your governi		(v) Amount of monetary support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No	Support (See Wistractions)	Support (See Wish delions)	
	_								
	_								
						,			
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ELLIS MARSALIS CENTER FOR MUSIC, INC. 20-4218706 Page 2 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)

Sec	ction A. Public Support					·			
Cale	ndar year (or fiscal year beginning in)	·(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and		,						
	membership fees received (Do not								
	include any "unusual grants ")	1329923.	1080705.	1546881.	1362838.	439,217.	5759564.		
2	Tax revenues levied for the organ								
	ization's benefit and either paid to								
	or expended on its behalf			•					
3	The value of services or facilities								
	furnished by a governmental unit to	1		1					
	the organization without charge								
4	Total. Add lines 1 through 3	1329923.	1080705.	1546881.	1362838.	439,217.	5759564.		
5	The portion of total contributions								
	by each person (other than a			A STATE OF THE STA					
	governmental unit or publicly								
	supported organization) included				TO THE THE TAXABLE PROPERTY OF THE PROPERTY OF				
	on line 1 that exceeds 2% of the		2, 432 2, 10 10 10 10 10 10 10 10 10 10 10 10 10						
	amount shown on line 11,								
	column (f)						1993461.		
6_	Public support. Subtract line 5 from line 4						3766103.		
	ction B. Tótal Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	1329923.	1080705.	1546881.	1362838.	439,217.	<u>5759564.</u>		
8	Gross income from interest,								
	dividends, payments received on	Í							
	securities loans, rents, royalties,								
	and income from similar sources	28,581.	32,486.	30,436.	25,695.	20,875.	138,073.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain		•						
	or loss from the sale of capital				٠				
	assets (Explain in Part VI)	664.				301,758.	302,422.		
11	Total support. Add lines 7 through 10	海野沙野沙礁港		Fig. 1. Confession State Sept.			<u>6200059.</u>		
12	Gross receipts from related activities,	, etc (see instruction	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stor	here					▶ □		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2017 (•	olumn (f))		14	60.74 %		
	Public support percentage from 2016					15	62.79 %		
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo			
	stop here. The organization qualifies		-				→ X		
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	•	• • •				▶∟		
17a	17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "fac					t VI how the organ	ızatıon		
	meets the "facts-and-circumstances"	-	*	• • • • • • • • • • • • • • • • • • • •	=				
b	10% -facts-and-circumstances tes	-							
	more, and if the organization meets the						,		
	organization meets the "facts-and-circ		-						
<u>18</u>	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	<u>a, 16b, 17a, or 17b</u>					
•					Sche	dule A (Form 990	or 990-EZ) 2017		

(Complete only if you checked the	ie box on line to	or Part For II the C	organization falled	to quality under r	Part II If the organi	ization fails to
qualify under the tests listed bel Section A. Public Support	ow, please comp	lete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	4n Tota
1 Gifts, grants, contributions, and	\ <u>aj 2010</u>	(5) 2311	(0) 20 10	(4) 2510	(6) 25 17	Air iou
membership fees received (Do not						
include any "unusual grants ")	[ĺ				
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose					1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						1
iness under section 513						ļ
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	1					
or expended on its behalf					ļ	
5 The value of services or facilities	ĺ					
furnished by a governmental unit to			/ /			
the organization without charge					<u></u>	<u> </u>
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)	·	/			<u> </u>	<u> </u>
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	/					
c 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)	·				 	
Total support (Add lines 9, 10c/11, and 12)		6	المرابطة مرافقة	W MOOR CO T ===1 =	1 = ==================================	Totion
14 First five years. If the Form 990 is for the	ie organization's	ıırsı, second, third	ı, ιουτιή, or tiπh ta	x year as a section	יון סט ו(כ)(ט) organia	zation, ►
check this box and stop here	Cupped De-					
Section C. Computation of Public			-1 (0)		las l	
15 Public support percentage for 2017 (line		-	olumn (t))		15	
16 Public support percentage from 2016 S			· · · · · · · · · · · · · · · · · · ·	- 	16	
Section D. Computation of Invest				 _	T T	
17 Investment income percentage for 2017			e 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2017. If the o						17 is not
more than 3,3 1/3%, check this box and	stop here. The	organization qualit	fies as a publicly s	upported organiz	ation	>
b 33 1/3% support tests - 2016. If the or	ganization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, check	-					>
20 Private foundation. If the organization						
32023 10-06-17					edule A (Form 99	0 or 990-EZ)

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	TECHNOLOGY TECHNOLOGY TECHNOLOGY TOURS		
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	3b		100 100 100 100 100 100 100 100 100 100
	###### 3c	ł	
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Sche	· . dule A (Form 990 or 990-EZ) 2017 ELLIS MARSALIS CENTER I	FOR M	TUSIC, INC. 2	0-4218706 Page 6
₍ Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		· ·	Part VI) See instructions . A
	other Type III non-functionally integrated supporting organizations must c	omplete	Sections 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_		1
6	Portion of operating expenses paid or incurred for production or		•	
	collection of gross income or for management, conservation, or	1		, ,
	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	on B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	200	Property and the second of the	
	instructions for short tax year or assets held for part of year)			AND THE PROPERTY OF THE PROPER
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		- '
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	200 - 200 -		
	factors (explain in detail in Part VI).	(2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		•
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	,	
6	Multiply line 5 by 035	6	*	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		/
Sect	on C - Distributable Amount	,		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		Chicago de l'Asia de Addie Mentino de Cellege L'ann a	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional			anization (see
	instructions)	•		-

Schedule A (Form 990 or 990-EZ) 2017

		a animen non w	MATA TNA 2	0 4010706 0=
	dule A (Form 990 or 990-EZ) 2017 ELLIS MARSALI			0-4218706 Page 7
	Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continued)	Current Year
Secti	on D - Distributions Amounts paid to supported organizations to accomplish exe	emot nurnoses	·	Ourrent real
_	Amounts paid to supported organizations to accomplish exemptions paid to perform activity that directly furthers exemptions to accomplish exemptions are accomplished to supported organizations to accomplish exemptions.			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets	oo or oupported organization		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		•	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e -	
Ū	(provide details in Part VI) See instructions	g		
9	Distributable amount for 2017 from Section C, line 6		,	
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-	THE REAL PROPERTY OF THE PROPE		
	able cause required- explain in Part VI) See instructions			THE RESIDENCE OF THE PROPERTY
3	Excess distributions carryover, if any, to 2017			
а	FIRST CONTRACTOR OF THE PROPERTY OF THE PROPER	建制型工作的工作的工作的工作		THE ALL THE COUNTY OF THE PARTY
_ b	From 2013			
С	From 2014			The state of the s
d	From 2015		CANAL CONTRACTOR CONTR	- 18 M
е	From 2016			CONTROL OF THE PROPERTY OF THE
f	Total of lines 3a through e	ALL-YME VAN ARE REPORTED AND ALL AND A		AND A CARRIAGO AND A SACRATA AND A SACRATA AND A SACRATA AND ASSACRATE AND A SACRATA A
<u> </u>	Applied to underdistributions of prior years	The second of the second secon	se, inia, into insciencia estrebay nonapitoria, one institu	
<u>h</u>	Applied to 2017 distributable amount	STATE OF THE PARTY	The standing of the standing o	الإيران المراكز المراكز المراكز المالين والمراكز المالين المراكز المرا
<u> i </u>	Carryover from 2012 not applied (see instructions)		SCHOOL THESE S LONG THE STATE	TOTAL STANDARD OF THE STANDARD
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	Tan i terupuskengengen arthalogene (Garbaseles (Casta		The space of the state of the s
4	Distributions for 2017 from Section D,			
	line 7 \$	Control of the state of the sta		Children and the tenth of the second
	Applied to underdistributions of prior years	CARLO CARRESTANCE DE LES TRANSPORTOS DE LA CONTRACTOR DE	nd ex. (5) alter before been acceptable to the property of	<u> </u>
~	Applied to 2017 distributable amount	The same of the sa		
	Remainder Subtract lines 4a and 4b from 4	######################################	42924874770c256566672 RAVOY FRANKESZAZANON AZEZAZZZ	CONTRACTOR TO SECURE AND A SECURE AND A SECURE AND A SECURE AS A S
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result greater		,	
	than zero, explain in Part VI. See instructions	The second of th		こっところいるとなるなどでしておいっとことのこのようなない。そのことでしてはまでなっていると
6	Remaining underdistributions for 2017. Subtract lines 3h			٠
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions Excess distributions correspond to 2018, Add lines 31	TOP-USBATH SEGISTINGSBACTER RECURS AL. 1-24-0 PTQ	Telegraphic and the second sec	
7	Excess distributions carryover to 2018. Add lines 3j and 4c		The state of the s	
	Breakdown of line 7			
_ <u></u> -	Excess from 2013	The state of the s	The state of the s	The state of the s
	Excess from 2014		CASSESTAN ACCURATE THE TANK AND	
	Excess from 2015	STATE OF THE PROPERTY OF THE P	THE PROPERTY OF THE PROPERTY O	
	Excess from 2017			
	2,0000 1,011 20 11	1	0-1	(Form 990 or 990-F7) 2017

Schedule A (Form 990 or 990-EZ) 2017 ELLTS MARSALTS CENTER FOR MUSIC, INC. 20-4218706 Page 8 Pair VI. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
SCHEDULE A, PART II, SECTION B, LINE 10
OTHER INCOME CONSISTS OF THE ORGANIZATION'S SHARE OF PROCEEDS FROM THE
SALE OF LOUISIANA STATE NEW MARKET TAX CREDITS GENERATED BY THE
CONSTRUCTION AND FINANCING OF THE CENTER RECEIVED FROM NOHHMC INC.

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ELLIS MARSALIS CENTER FOR MUSIC, INC.

Employer identification number 20-4218706

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6					
		(a) Donor advised funds	(b) Funds and of	ther accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's			Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only				
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?			Yes No			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land	area			
	Protection of natural habitat	Preservation of a cer	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation ease	ement on the last			
	day of the tax year		Held at th	e End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during tl	he tax			
	year ▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements		<u> </u>	_ Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, handling of violations, and enforcing con	servation easements d	luring the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during	the year			
	> \$						
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			」Yes No			
9	In Part XIII, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's acc	ounting for			
	conservation easements						
Pai	t III Organizations Maintaining Collections of		tner Similar Asse	ets.			
	Complete if the organization answered "Yes" on Forn	± · · · · · · · · · · · · · · · · ·					
1a	If the organization elected, as permitted under SFAS 116 (A						
	historical treasures, or other similar assets held for public ex		ince of public service,	provide, in Part XIII,			
	the text of the footnote to its financial statements that descri						
b	If the organization elected, as permitted under SFAS 116 (A						
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide th	e 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 tre		al gain, provide				
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
b	Assets included in Form 990, Part X	<u></u> .	> \$				

732051 10-09-17

Schedule D (Form 990) 2017

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

	dule D (Form 990) 2017 ELLIS M	ARSALIS CE						-421870	
3	Using the organization's acquisition, access								
Ū	(check all that apply)	ion, and other record	20, 000		, ronoving the	at are a ergi	oant ass t	01 113 001100110	TT TCTTTO
а	Public exhibition	c		Loan or exc	change progr	ams			
b	Scholarly research	e		Other	andige progn	ams			
c	Preservation for future generations	•		<u></u>					
4	Provide a description of the organization's co	olloctions and evalu	n how t	hev further t	the organizati	on's avamr	ot purpose u	n Dart VIII	
5	During the year, did the organization solicit of			=	_	-		ii Fait Aiii	
3	to be sold to raise funds rather than to be m					iei Siiiliiai a	55612		N
Pai	t IV Escrow and Custodial Arran					"Voo" on E		Yes Yes	No_
	reported an amount on Form 990, Pa		ete ii tiit	Organizatio	on answered	res on re	ліп ээо, га	irt IV, iii le 5, O	
12	Is the organization an agent, trustee, custod		diany for	contribution	ns or other as	eate not in	cluded		
14	on Form 990, Part X?	ian or other intermet	Jiai y IOi	CONTINUE	is or other as	55615 1101 111	Ciudea	Yes	□ No
L	·	and complete the fa	ومسوال	tabla				res	NO
ь	If "Yes," explain the arrangement in Part XIII	and complete the ic	nowing	lable					
_	Decision halossa						4.	Amoun	<u> </u>
	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	•	000 5			4 1 - 1		1f	<u></u>	
	Did the organization include an amount on F						7	L Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII								
Fai	t V Endowment Funds. Complete	<u> </u>					Th	haali () Tau	
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d	Three years	Dack (e) Fou	r years back
	Beginning of year balance		ļ						
ь	Contributions				<u> </u>				
C	Net investment earnings, gains, and losses					<u> </u>			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				 				
f	Administrative expenses			*					
9	End of year balance		l						
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for the	organization	n ,	
	by							<u></u>	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on S	Schedule R?	•			3b	
4	Describe in Part XIII the intended uses of the		wment	funds					
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	D, Part I	V, line 11a S	See Form 990), Part X, lin	e 10		
	Description of property	(a) Cost or o	ther	, , ,	t or other	(c) Accı	umulated	(d) Boo	k value
		basis (investr	nent)		(other)	depre	ciation		
1a	Land				4,272.			1,28	4,272.
b	Buildings			8,74	2,963.	93	4,084.	7,80	8,879.
С	Leasehold improvements								
d	Equipment	L			0,502.		1,902.		8,600.
<u>e</u>	Other			1,84	1,182.	21	1,942.		9,240.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	nn (B), line 1	10c)			10,78	0,991.

Schedule D (Form 990) 2017

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

Schedule D (Form 990) 2017

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	t XI. Reconciliation of Revenue per Audited Financial Stateme				4218706	Page 4
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		noromes por n	Ctairi	. •	
1	Total revenue, gains, and other support per audited financial statements			1	956	,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					, 1 33.
	Net unrealized gains (losses) on investments	2a	115,727.	• .		
a	Donated services and use of facilities	2b	7,985.			
b		- i	1,505.			
C	Recoveries of prior year grants	2c		i -		
d	Other (Describe in Part XIII)	2d			122	712
_	Add lines 2a through 2d			2e		<u>,712.</u>
3	Subtract line 2e from line 1			3	034	<u>,721.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		· .: [
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				•
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		_ <u></u>	5		721.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per	Retu	r n .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			,		
1	Total expenses and losses per audited financial statements			1	<u>2,23</u> 3,	<u>,123.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a	7,985.	` -		
b	Prior year adjustments	2b	_	•		
С	Other losses	2c] : .]		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	7,	,985.
3	Subtract line 2e from line 1			3	2,225,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		, .		
b	Other (Describe in Part XIII)	4b				
	Add lines 4a and 4b	<u> </u>		4c		٥.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,225,	138
	t XIII Supplemental Information.				2,225,	130.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1h	and 2h Part V line	1 Part	Y line 2 Part Y	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		·	+, i ait /	A, III 6 2, 1 all 7	Ν,
111162	20 and 40, and Fart Air, lines 20 and 40 Also complete this part to provide any add	Altional IIIION	nation			
Dλτ	RT X, LINE 2:					
<u> </u>	AT A, DINE 2.					
TIMI	DER FASB ASC 740 INCOME TAXES, THE ORGANIZ	аπт∩м	RECOGNIZES	тнъ	τ ጥ ΔΥ	
0141	THE ORGANIZATION OF THE ORGANIZATION ORGANIZATION OF THE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OR	1111011	RECOUNTED		7 1111	
BEN	WEFIT OF TAX POSITIONS TO THE EXTENT THAT	ਅਸਦ ਸ਼ਸ਼	אדדדי שדו.ו.	MOE	ग्वथरा बद	.v
ונוענו	THE TAX POSITIONS TO THE EXTENT THAT	THE DE	WRLTI WITH	1101	(B DIKEL	
ጥኒታን	NOT BE REALIZED. THE DETERMINATION AS T	O WHET	מי שעי סשע	y Br	א יידיםיואי	JTT.T.
T 11T	W NOT BE REALIZED. THE DETERMINATION AS I	O WILLI	HER THE IA	X DI	MELTI V	<u> </u>
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MOF	TE LIKELI THAN NOT BE KEALITED IS BASED OF	ON THE	TECHNICAL	MET	CIIS OF	Inc
መአቴ	, DOCTUTON SC MENT SC CONCIDED SUITON OF WAR	א א א דד א <i>ד</i> ד א	7 DIE E7 CUC	7. N.T.T	•	
T.W.	C POSITION AS WELL AS CONSIDERATION OF THE	AANTI	ADDE FACIS	MINT	, <u> </u>	
CTE	RCUMSTANCES. AS OF DECEMBER 31, 2017 AND 2	በ16 መሀ	ב הפראאודיא	mπ∧κ	T DORC N	TOTE
CIL	COMSTANCES. AS OF DECEMBER 31, 2017 AND 2	010 In	E ORGANIZA	1101	V DOES I	101
זגע	' NOV MAMPETAT INCEPHATN MAY DOCTMIONS					
<u>na</u>	YE ANY MATERIAL UNCERTAIN TAX POSITIONS.					***
			-			
						

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization ETILIS N	MARSALIS CENTER FO	R MU	SIC	. INC.	20-4218	706
	Complete if the organization answ					
Indicate whether the organization rai a	e X Solicit f Solicit g Special or oral agreement with any individual Part VII) or entity in connection with inviduals or entities (fundraisers) pure	ation of ation of al fundra al (includ professi	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundra have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
CONVERGE CONSULTING LLC - 2555 VERBENA STREET NEW	GRANT WRITING PROPOSALS	Yes	No x	0.	21,812.	-21,812.
			_	ALCONO FOR CO.		
Total 3 List all states in which the organizati	on is registered or licensed to solice	t contrib	▶	or has been notified	21 812.	-21,812.
or licensing MA , LA	orns registered of licensed to solici	CONTIN		or has been notined		
LHA For Paperwork Reduction Act No	tice, see the Instructions for Forn	n 990 or	990-	EZ. \$	Schedule G (Form 9	90 or 990-EZ) 2017

732081 09-13-17

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SEE PART IV FOR CONTINUATIONS

	edu art l	le G (Form 990 or 990-EZ) 2017 ELLIS M				4218706 Page 2
P	21 L	Fundraising Events. Complete if the of fundraising event contributions and great productions.	•		·	
		or full draining event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
e			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
kbense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	' '		>	ļ
D	11 ort l	Net income summary Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d)	200 Part IV line 10 or	roported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a	answered res on rom	1990, rait iv, mie 19, or	reported more triain	
συ	Γ		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes			-	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes % No	-
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain	ctivities in each of these	states?		Yes No
		re any of the organization's gaming licenses re Yes," explain				Yes No
7320	 B2 09	-13-17			Schedule G (For	rm 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 ELLIS MARSALIS CENTER FOR MUSIC, INC. 20-4218706 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in
a The organization's facility
b An outside facility 9/
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records
Name
Address
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party
Name ▶
Address
16 Gaming manager information
Name ▶
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year ▶ \$
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
COMBRITE O DARM I LINE OR LICH OR MON HIGHER DAIR GENERALGERS.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
(I) NAME OF FUNDRAISER: CONVERGE CONSULTING LLC
(I) ADDRESS OF FUNDRAISER: 2555 VERBENA STREET, NEW ORLEANS, LA 70122
732083 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

Schedule G	(Form 990 or 990 Supplementa	EZ) ELI	IS M	LARSALIS	CENTER	FOR	MUSIC,	INC.	20-421	L8706	Page 4
Part IV	Supplementa	ai intormatio	n (conti	nued)					-		
									- <u></u> .		
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		**						<u> </u>	-		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2017

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

ELLIS MARSALIS CENTER FOR MUSIC

Employer identification number 20-4218706

P	ant li∰ Questions Regarding Compensation			
		Description	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			3455
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			12,12,12
	Travel for companions Payments for business use of personal residence	200		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		j
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		THE STATE OF	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		

3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III	i di		40.0
	Compensation committee Wintten employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom 350 of other organizations			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization			
	·	zerskien in	A A STATE OF THE S	v. Tiku.
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	13. 31.88. 8	5355.ssfs
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			350
	contingent on the revenues of	3.4	Service Co.	ANGE
а	The organization?	5a		X
b	Any related organization?	5b	1141JEN14.	X
	If "Yes" on line 5a or 5b, describe in Part III	(194, 282 k) 48 (49 9)		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b	,	X
	If "Yes" on line 6a or 6b, describe in Part III	1		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	14.14.14.14.14.14.14.14.14.14.14.14.14.1	A TAMES	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4		
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		MARKET STATES	100 - 100 de
	Pagulations section 53 4958-6(c)?	ا تم ا		

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

Schedule J (Form 990) 2017

INC. ELLIS MARSALIS CENTER FOR MUSIC,

20-4218706

Schedule J (Form 990) 2017

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Do not list any individuals that aren't listed on Form 990, Part VII

	(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Bettrement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
	(b) Dicardown of	** £ and/or 1000 m		other deferred	henefits	(B)(i):(D)	in column (B)
(A) Name and Title	(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	compensation			reported as deferred on prior Form 990
		-					
1)	(1)						
(i)	(ii)						
1)	€						
0	(11)						
1)	3						
1)	(ii)						
<u>ij</u>	(ii)						
	()						
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1)	(ii)						
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1)	(II)						
	3						
()	(ii)						
	(C)						
)	(11)						
	(1)						
))	(ii)						
	(i)						
	(11)						
	(i)						
)	(11)						
	(3)						
)	(ii)						
	0						
)	(II)						

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Internal Revenue Service

Name of the organization

ELLIS MARSALIS CENTER FOR MUSIC, INC.

Employer identification number 20-4218706

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CENTER BROADENS OPPORTUNITIES FOR UNDERSERVED CHILDREN, YOUTH AND
MUSICIANS. THE CENTER PROVIDES A SAFE, POSITIVE ENVIRONMENT WHERE
CHILDREN CAN DEVELOP MUSICALLY, ACADEMICALLY AND SOCIALLY. THE CENTER
ALSO DELIVERS STRATEGIC ASSISTANCE AND TOOLS TO VILLAGE MUSICIANS THAT
CAN ENHANCE THEIR PROFESSIONAL GROWTH AND OFFERS OPPORTUNITIES FOR
MUSICIANS THROUGHOUT NEW ORLEANS.
FORM 990, PART VI, SECTION A, LINE 2:
BUSINESS RELATIONSHIPS - ANN MARIE WILKINS, HARRY CONNICK, JR AND BRANFORD
MARSALIS EACH OWN OR CONTROL OTHER BUSINESSES. THESE OTHER BUSINESSES DO
NOT HAVE ANY INTERCOMPANY TRANSACTIONS WITH THE CHARITABLE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY ANN MARIE WILKINS PRIOR TO PROVIDING A COPY TO
THE OTHER BOARD MEMBERS AND FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE ANNUAL MEETING AND ALL
DIRECTORS AND EXECUTIVES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST
DISCLOSURE STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS REVIEWED AND APPROVED THE COMPENSATION USING DATA
FOR COMPARABLE POSITIONS OF AN EXECUTIVE DIRECTOR AT SIMILAR CHARITABLE
ORGANIZATIONS AND HAS DOCUMENTATION IN THE MINUTES FOR THE DECISIONS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)