Form **990** 

For Paperwork Reduction Act Notice, see the separate instructions.

## **Return of Organization Exempt From Income Tax**

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

DLN: 93493326001279 OMB No 1545-0047

Form **990** (2017)

Cat No 11282Y

Department of the Treasury

foundations)

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

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

Open to Public

nterna	l Reven	nue Service	Information about	t Form 990 and its instructions is at w	WW 1K3 90V/	101111990		Inspection	
A F	or the	2017 ca		ning 09-01-2017 , and ending 08-	31-2018				
3 Check if applicable  □ Address change  □ Name change  □ Initial return  □ Final return/terminated  ☑ Amended return  □ Application pending		:hange	C Name of organization MUSICIANS ACCORDINC C/O KAMINSKY				D Employer identification number 13-3202346		
		_	Doing business as						
			Number and street (or P O box if mail is not delivered to street address) Room/suite			E Telephor	E Telephone number		
			2500 JOHNSON AVENUE 16NP  City or town, state or province, country, and ZIP or foreign postal code			(718) 5	43-1307		
			City or town, state or province, cour BRONX, NY 10463	itry, and ZIP or foreign postal code		<b>G</b> Gross re	ceipts \$ 33	3,651	
			F Name and address of principa LAURA KAMINSKY	l officer	1	this a group re	turn for		
			2500 JOHNSON AVENUE 16NP BRONX, NY 10463		<b>Н(b)</b> А	ubordinates? re all subordinat	:es	□Yes ☑No	
Tax-exempt status  Website: ▶			✓ 501(c)(3)			If "No," attach a list (see instructions)			
			H(c) Group		roup exemption	number 1	<b>&gt;</b>		
<b>K</b> Forn	n of ord	ganization	✓ Corporation ☐ Trust ☐ Asso	ciation  Other	<b>L</b> Year of	formation	<b>M</b> State o	of legal domicile	
Ра	rt I 1 B	Sumr	<b>mary</b> cribe the organization's mission o	r most significant activities					
e.			NT COMTEMPORY MUSIC						
Activities & Governance	=								_
E e	_								_
9				continued its operations or disposed of g body (Part VI, line 1a)			ssets 3		2
<b>*</b> 5		Number of independent voting members of the governing body (Part VI, line 1b)							2
<u> </u>	5 -	otal number of individuals employed in calendar year 2017 (Part V, line 2a)					5		2
<u> </u>	6 -	Total num	tal number of volunteers (estimate if necessary)				6		
<del>ĕ</del>	7a -	Total unrelated business revenue from Part VIII, column (C), line 12					7a		0
	ь	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34					7b		
Ravenue	l					Prior Year		Current Year	
	l	Contributions and grants (Part VIII, line 1h)				5,0	000	33,6	551
							+		_
							+-		_
	l	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				5,0	000	33,6	551
	_		s and similar amounts paid (Part IX, column (A), lines 1–3 )				$\vdash$		(
	14 1	Benefits p	ts paid to or for members (Part IX, column (A), line 4)						(
8	15 9	Salaries, d	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)						246
Expenses	16a	Professio	sional fundraising fees (Part IX, column (A), line 11e)						(
	l		ndraising expenses (Part IX, column (D), line 25) ▶0				$\bot$		
ш		•	(penses (Part IX, column (A), lines 11a–11d, 11f–24e)				122	7,1	
	l	•	penses Add lines 13–17 (must equal Part IX, column (A), line 25)				122	7,4	
χ <sub>α</sub>	19	Revenue i	less expenses Subtract line 18 from line 12		Begin	ning of Current Y	878 ear	26,2 End of Year	
Net Assets or Fund Balances									
			ssets (Part X, line 16)			3,4	447	30,1	103
E E			abilities (Part X, line 26)			2	447	20.	100
-	22   1	Net assets or fund balances Subtract line 21 from line 20				3,4	447	30,1	103
Jnder	pena	Ities of pe	erjury, I declare that I have exam	ined this return, including accompanyir					_
	ledge a nowled		f, it is true, correct, and complete	Declaration of preparer (other than of	fficer) is bas	ed on all informa	ation of w	hich preparer ha	ıS
,		   <b>k</b>							_
<b>-:</b>		Signatu	re of officer			2018-10-17 Date			_
Sign Here		L ALIBA	KAMINSKY PRES						
			print name and title						-
			Int/Type preparer's name	Preparer's signature	Date		PTIN	·	-
Paid Preparer <mark>F</mark> i			s			self-employed	P00631672		_
		'' <del> </del>					m's EIN > 14-1700990		
Use	Onl	ly   ြ				Phone no (845)	221-816/		
May +	he IDC	S discuss :	this return with the preparer show	vn above? (see instructions)		l		es 🗆 No	
·idV [	11C 1K	J UISCUSS I	una recum wich the preparer snov	vii apover (see IIIsti uctions)			<b>™</b>	C2	