(Rev. January 2020) 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

OMB No. 1545-0047

and ending A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change MUSICIANS ON CALL INC. Name change 13-4067116 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1300 DIVISION STREET 301 615-432-2124 termin-ated 2,415,792. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return NASHVILLE, TN 37203 H(a) Is this a group return Applica-F Name and address of principal officer: PETER J. GRIFFIN Yes X No for subordinates? pending 1300 DIVISION ST. #301, NASHVILLE, TN 37203 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ▶ WWW.MUSICIANSONCALL.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1999 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: MUSICIANS ON CALL BRINGS LIVE Activities & Governance AND RECORDED MUSIC TO THE BEDSIDES OF PATIENTS IN HEALTHCARE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) <u>18</u> Number of independent voting members of the governing body (Part VI, line 1b) 17 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 871 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 1,383,974. 1,81<u>1,852.</u> Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 17,319. 21,440. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 338,688. 328,439. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,157,610. 1,744,102. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,154,441. 1,416,354. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 6,714. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 497,684. 476,751. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,658,839. 1,893,105. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 264,505. 85,263. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,345,209. 1,705,977. 20 Total assets (Part X, line 16) 60,151. 132,535. 21 Total liabilities (Part X, line 26) 285,058. 573,442. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PETER J. GRIFFIN, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparter's nature if self-employed PATRICIA DIAZ, CPA Tabucca X P01362006 Paid Firm's EIN > 22-1655803 Firm's name DORFMAN ABRAMS MUSIC, LLC Preparer Firm's address > 250 PEHLE AVE., SUITE 702 Use Only Phone no. 201-403-9750 SADDLE BROOK, NJ 07663 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MUSICIANS ON CALL BRINGS LIVE AND RECORDED MUSIC TO THE BEDSIDES OF
	PATIENTS IN HEALTHCARE FACILITIES. MUSICIANS ON CALL USES MUSIC TO
	PROMOTE AND COMPLEMENT THE HEALING PROCESS FOR PATIENTS, FAMILIES, AND
	CAREGIVERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 \$ 1,296,547. including grants of \$) (Revenue \$)
	MUSICIANS ON CALL IS PROUD TO BE THE LEADING PROVIDER OF MUSIC IN
	HOSPITALS IN THE UNITED STATES. THE ORGANIZATION'S BEDSIDE PERFORMANCE
	PROGRAM BRINGS VOLUNTEER MUSICIANS, ESCORTED BY VOLUNTEER GUIDES, TO HOSPITALS TO PERFORM LIVE MUSIC AT THE BEDSIDES OF PATIENTS. THESE
	ONE-ON-ONE INTERACTIONS BETWEEN VOLUNTEERS AND PATIENTS CAN PLAY AN
	IMPORTANT ROLE IN RESTORING THE HAPPINESS THAT OFTEN FADES AWAY IN
	HEALTHCARE FACILITIES. IN 2019, MUSICANS ON CALL HAD 871 VOLUNTEERS AND
	CELEBRITY ARTISTS PLAY FOR NEARLY 90,000 PATIENTS, FAMILY MEMBERS, AND
	CAREGIVERS IN OVER 20 CITIES.
	CIMIDITALIS IN CVIII 20 CITIES.
	MUSICIANS ON CALL'S MUSIC PHARMACY PROGRAM PROVIDES HOSPITALS WITH
	TABLETS, STREAMING MUSIC SUBSCRIPTIONS, AND TOP-OF-THE-LINE HEADPHONES
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
÷u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,296,547.
-15	- 1 - 2 1 - 2 1

Form 990 (2019) MUSICIANS ON CALL INC. Part IV Checklist of Required Schedules

			Yes	No
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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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
	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 "Ves." complete Schedule F. Parts Land IV.	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
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
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	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) MUSICIANS ON CALL INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		x
35 a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Solidadio Solitatino a response of note to any line in this rate v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2019) MUSICIANS ON CALL INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Introduce of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 1.7 b If all least one is reported on line 2a, did the organization file all required federal employment tax returner? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes,* has it filed a Form 990-T for this year? If Ye'r to line 2b, provide an explanation on Schedule 0 3c If Yes,* has the filed a Form 990-T for this year? If Ye'r to line 2b, provide an explanation on Schedule 0 3c If Yes,* has the filed a Form 990-T for this year? If Ye'r to line 2b, provide an explanation on Schedule 0 3c If Yes,* has the filed a Form 990-T for this year? If Ye'r to line 2b, provide an explanation on Schedule 0 3c If Yes, has the filed a Form 990-T for this year? If Ye'r to line 2b, provide an explanation on Schedule 0 3c If Yes, has the filed a Form 990-T for this year? 3c If Yes, has the filed a Form 990-T for this year? If Ye'r to line 2b, provide an explanation on Schedule 0 3d If Yes, has the filed a Form 990-T for this year? 5d If Yes 1 on the name of the foreign country year an interest is, or a signature or other authority over, a financial account of Pannation 1 on the P					Yes	No			
b If a least one is reported on line 2a, did the organization file all required footed employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at my time during the calendary early differed present interest in, or a spentare or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a A tarny time the name of the foreign country. 5b If 1'Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization than the organization that it was or is a party to a prohibited tax shelter transaction? 5b If 1'Yes, 'include the organization the foreign 888F1? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If Yes, 'idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes, 'idd the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, 'idd the organization notify the donor of the value of the goods or services provided? 7c If If Yes, 'indicate the number of forms 8822 filed during the year 8b Did the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7c If If Yes, 'indicate the number of forms 8222 filed during the year 9b Did the organization received a contribution of qualified mellectual property of which it was required to the Fernal 8229. 7c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione) 3a		filed for the calendar year ending with or within the year covered by this return	2a 17						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if 1''es*; "has it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es*; "has it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es*; "has it filed a Form 990 Tro this year of 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es*; "has it filed a Form 990 Tro this year 1''No' to file 3b, your owick an explanation on Schedule O b if 1''es*; "advant or organization that it was or is a party to a prohibited tax whether transaction? 5b Was the organization a party to a prohibited tax shelter transaction? 5c If 1''es*; 'advantation have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 1''es*; 'advantation have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6c If 1''es*; 'advantation that were not tax deductible as charitable contributions under section 170(c). a bid the organization that may receive deductible contributions under section 170(c). b if 1''es*, 'advantation sective a payment in excess of \$5''s made party as a contribution and party for goods and services provided to the payor? 7c Variantization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8809 as required to file form 8809 as required. 7c If If Yes*, 'idea the number of Forms 8262 filed during the year 6 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8809 as required? 7d If If Yes*, 'idea the number of Forms 8262 filed during the year 8 b Office promises of the organization file and form only the done or only the done organization fi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2 b	Х				
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If Yes, 'enter the name of the foreign country [such as a bank account, eventhers account, or other financial account? 5b If Yes, 'enter the name of the foreign country [such as a bank account, eventhers account, or other financial accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in Yes' to line Sa or Sb, did the organization file Form 8888-17. 6c		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b If 'Yes,' riber the name of the foreign country ▶ 5a Was the organization aparty to a prohibited for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAFs). 5b Was the organization to party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 888-17? 5b Dases the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If 'Yes's 10 ine Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes', 'did the organization norbify the donor of the value of the goods or services provided? 7c If Yes', 'did the organization norbify the donor of the value of the goods or services provided? 7c If Yes', 'self the organization norbify the donor of the value of the goods or services provided? 7c If Yes', 'self the organization norbify the donor of the value of the goods or services provided? 7c If If Yes', 'self the organization norbify the donor of the value of the goods or services provided? 7c If If Yes', 'self the organization norbify the donor of the value of the goods or services provided? 7c If If Yes', 'self the organization norbify the donor of the value of the goods or services provided? 7d If Yes', 'self the organization norbify the donor of the value of the organization floating to the provided to the payor? 7d If Yes', 'self the organization norbify the donor of the value of the organization floating to the provided to the payor? 7d If Yes', 'self the organi	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
financial account in a foreign country Such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did not staxeble party notify the organization file Form 8886-17? 6a Does the organization shalt were not tax deductible as charitable contributions? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7c Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive a payment in excess of \$5 made party as a contribution of the value of the goods or services provided? 8c Did the organization received any funds, directly or indirectly, to pay premiums on a personal brendft contract? 7c X 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal brendft contract? 7e X 7f Did the organization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 901(c)(17) organizations. Enter: 1 initiation fees and capital contributions include				3b					
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b IX of If "Yes" to line \$a or \$b, in dit the organization file Form 886-17? 5c If "Yes" to line \$a or \$b, in dit the organization file Form 886-17? 5b If "Yes," cline the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes" to dit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 5c If "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 5c If "Yes," did the organization of the value of the goods or services provided? 5d If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 5d If "Yes," did the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 5d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 5d Sponsoring organization have excess business holdings at any time during the year? 5d Sponsoring organization make any taxable distributions under section 4966? 5d Sponsoring organization have excess business holdings at any time	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	ıthority over, a						
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Interest Inter	11		1						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b								
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X				12a					
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Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				122					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	а			ISa					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	h								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			13b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	С								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			'	14a		Х			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				15		Х			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
If "Yes," complete Form 4720, Schedule O.	16		income?	16		Х			

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 on 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 18									
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
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 approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	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 arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	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 ►CA, CO, CT, DC, FL, GA, IL, MD, MA	, NJ	, NY	,NC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial							
	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 books and records									
	ELIZABETH BLACK - 212-741-2709									
	110 WEST 40TH ST, SUITE 702, NEW YORK, NY 10018									

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

Section A. 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.

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

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

(A)	(B)	l	111120	(C		прсі	iout	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensation	amount of
	week	_			director/trustee)		100)	from the	from related	other
	(list any hours for	Individual trustee or director				p		organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	stee			ensate		(W-2/1099-MISC)	(** = 2 ********************************	organization
	organizations	Itrus	nal tru		oyee	e mbe				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	Pu	lns	JJ0	Ke	Hig	윤			
(1) RAJ AMIN	1.00	х						0.	0.	0.
BOARD MEMBER UNTIL 08/19 (2) ALISANN BLOOD	1.00	Δ						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(3) BOBBY BONES	1.00	^						0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(4) WENDY GOLDSTEIN	1.00							0.	0.	
BOARD MEMBER UNTIL 08/19	1.00	х						0.	0.	0.
(5) ALEX MERCHAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(6) DANIEL MILLER	1.00							-	-	
BOARD MEMBER		х						0.	0.	0.
(7) DIANE PEARSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DARREN PFEFFER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ALISSA POLLACK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TIM SCARVEY	1.00							_	_	
BOARD MEMBER		Х						0.	0.	0.
(11) ROME THOMAS	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(12) VIVEK TIWARY	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) STEVE SAVOCA	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) RICK WHETSEL	1.00	٠,,							0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(15) MITCH GLAZIER	2.00	Х		х				0.	0.	0
CHAIRMAN (16) GERRAUEN MAGE	1.00	Δ.		Λ				0.	0.	0.
(16) STEPHEN MACK TREASUER	1.00	Х		х				0.	0.	0.
(17) KEVIN O'TOOLE	1.00	_		Δ				0.	0.	<u> </u>
SECRETARY	1.00	Х		х				0.	0.	0.
DECKETAKI		27		77				<u> </u>	0.	- 000

Part VII Section A. Officers, Directors, Trus (A)	(B)	Ι			C)			(D)	(E)			(F)	
Name and title	Average	Position						Reportable	Reportable		_F	timate	h
Name and title	hours per					than is bot		· .	compensatio	n	1	nount	
	week					or/trus		from	from related		"	other	
	(list any	ctor						the	organizations	S	com	pensa	tion
	hours for	r dire				peq		organization	(W-2/1099-MIS	SC)	fı	om the	е
	related	stee o	ustee			eusa		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	nal tr		loyee	comp						d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(40) 2222 222	1.00	<u>n</u>	lus	₩	Ke	e Hig	훈						
(18) SCOTT WELCH CHAIRPERSON EMERITUS	1.00	x		x				0.		0.			0.
(19) TOM POLEMAN	1.00	^		^		-		0.		0.			0.
CHAIRPERSON EMERITUS	1.00	X		X				0.		0.			0.
(20) MICHAEL SOLOMON	2.00	12				\vdash	\vdash			٠.			<u> </u>
CHAIRPERSON EMERITUS	2.00	X		x				0.		0.			0.
(21) PETER J. GRIFFIN	40.00	122				\vdash				•			•
PRESIDENT AND CEO	40.00	ł		x				208,811.		0.		5,8	00.
TRIBITION TAND CLO								200,011.		•		5,0	•
								000 011		_			0.0
1b Subtotal								208,811.		0.		5,8	
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	208,811.		0.		5,800.	
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wl	ho r	received more than \$100	0,000 of reportabl	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director, trust	ee. I	kev (ame	love	e. o	r hic	ghest compensated emi	olovee on			100	110
line 1a? If "Yes," complete Schedule J for s	•	-	•		•		•	3···	•		3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con	plete Schedul	e J t	for s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-	-								pens	sation ·	from	
the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	/itni	n the organization's tax (B)	year.		(0	<u>, </u>	
Name and business	address	N	INC	Ξ				Description of s	services	C	Compe		n
2 Total number of independent contractors (includina but r	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organi						0		,					

Pa					ne	CILL INC			13 1007	TTO Tage O
<u> </u>	••	•	Check if Schedule O			or note to any lin	o in this Dort VIII			
			Check ii Schedule O C	JOHLA	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	-	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibuti grant abov	1b 1c 1d ons) 1e s, and // 1a-1f 1g \$	193,990. 62,481.	1,811,852.			
<u> </u>		n	Total. Add lines 1a-1f			Business Code	1,011,032.			
Program Service Revenue	2		All other program service Total. Add lines 2a-2f	reve	nue					
	-	<u>9</u>	Investment income (include							
	4		other similar amounts) Income from investment of	of tax	c-exempt bond p	proceeds	17,288.			17,288.
	•	,	Royalties		(i) Real	(ii) Personal				
	6		Gross rents Less: rental expenses	6a 6b	(l) Float	(ii) i croomar				
			` '	6с						
	_		Net rental income or (loss) Gross amount from sales of	<u> </u>	(i) Securities	(ii) Other				
	,		assets other than inventory Less: cost or other basis	7a	20,261.	(ii) Other				
υne			and sales expenses	7b						
Revenue			Gain or (loss)	7с	31.		2.4	2.4		
			Net gain or (loss)			<u> </u>	31.	31.		
Other	8		Gross income from fundraisir including \$ 617 contributions reported on Part IV, line 18 Less: direct expenses	, 8 line	62 • of 1c). See 8a	554,502. 237,952.				
			Net income or (loss) from		· · · · · · · · · · · · · · · · · · ·	>	316,550.			316,550.
	ç		Gross income from gamin Part IV, line 19	g ac	tivities. See					, , , , ,
		b	Less: direct expenses							
			Net income or (loss) from	-	_					
	10) a	Gross sales of inventory, I							
		h	and allowances Less: cost of goods sold			 				
			Net income or (loss) from							
Miscellaneous Revenue	1		MISCELLANEOUS			Business Code 900099	11,889.			11,889.
ella ver		С								
/isc Re			All other revenue							
_	L		Total. Add lines 11a-11d			>	11,889.			
	12		Total revenue. See instructio				2,157,610.	31.	0.	345,727.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	On 50 I (c)(3) and 50 I (c)(4) organizations must com			implete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	214,611.	156,666.	17,169.	40,776.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	060 063	700 206	76 065	100 700
7	Other salaries and wages	962,063.	702,306.	76,965.	182,792.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	141,796.	103,511.	11,344.	26,941.
9	Other employee benefits	97,884.	71,455.	7,831.	18,598.
10	Payroll taxes	71,004.	11,400.	1,051.	10,3900
11	Fees for services (nonemployees): Management				
		1,500.		1,500.	
	Legal Accounting	41,225.		41,225.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	75,838.	18,284.	5,560.	51,994.
12	Advertising and promotion	48,249.	26,439.	4,390.	17,420.
13	Office expenses	38,103.	31,236.	2,006.	4,861.
14	Information technology				
15	Royalties	0.4.400	64 650	6 550	46.050
16	Occupancy	84,483.	61,672.	6,759.	16,052.
17	Travel	62,045.	54,975.	2,227.	4,843.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates			+	
21 22	Payments to affiliates Depreciation, depletion, and amortization	5,460.	3,986.	437.	1,037.
23	· · · · · · · · · · · · · · · · · · ·	8,443.	1,948.	5,988.	507.
24	Insurance Other expenses. Itemize expenses not covered	-,	_,,,,,	2,2000	
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OPERATIONAL AND PROCESS	68,100.	25,043.	13,344.	29,713.
b	MUSIC PHARMACY	19,591.	19,591.		
С	TELEPHONE	15,847.	11,568.	1,268.	3,011.
d	VOLUNTEER EXPENSES	7,867.	7,867.		
е	All other expenses	1 000 105	1 006 = 1=	100 010	202 = 1=
25	Total functional expenses. Add lines 1 through 24e	1,893,105.	1,296,547.	198,013.	398,545.
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)				Form 990 (2010)

Form 990 (2019)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			371,063.	1	624,307.
	2	Savings and temporary cash investments			279,277.	2	296,565.
	3	Pledges and grants receivable, net			402,505.	3	352,441.
	4	Accounts receivable, net			42,655.	4	112,103.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	contributor, or 35%				
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	etion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			43,747.	8	68,799.
Ř	9				18,722.	9	21,925.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	. 10a	165,639.			
	b	Less: accumulated depreciation	10b	150,550.	11,371.	10c	15,089.
	11	Investments - publicly traded securities		158,795.	11	182,674.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14	15,000.	
	15	Other assets. See Part IV, line 11		17,074.	15	17,074.	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	3)	1,345,209.	16	1,705,977.
	17	Accounts payable and accrued expenses			60,151.	17	132,535.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
ja de		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela-	ted third	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			60 151	25	120 525
	26	Total liabilities. Add lines 17 through 25			60,151.	26	132,535.
S		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			020 607		1 115 000
ala	27	Net assets without donor restrictions			838,607.	27	1,115,900.
В	28	Net assets with donor restrictions			446,451.	28	457,542.
Ë		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
P.		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or		_		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 005 050	31	1 572 442
ž	32	Total net assets or fund balances			1,285,058.	32	1,573,442.
	33	Total liabilities and net assets/fund balances			1,345,209.	33	1,705,977.

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		3,1		
3	Revenue less expenses. Subtract line 2 from line 1	3			4,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	1,285,058			
5	5 Net unrealized gains (losses) on investments5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	, 57	3,4	42.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	- 1				
	separate basis, consolidated basis, or both:		- 1				
	Separate basis Consolidated basis Both consolidated and separate basis		- 1				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,				
	consolidated basis, or both:		- 1				
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (o.				
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				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MUSICIANS ON CALL INC. 13-4067116 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,155,886.	1,409,280.	1,679,808.	1,383,974.	1,811,852.	7,440,800.
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						
	the organization without charge						
4	Total. Add lines 1 through 3	1,155,886.	1,409,280.	1,679,808.	1,383,974.	1,811,852.	7,440,800.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4.						7,440,800.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,155,886.	1,409,280.	1,679,808.	1,383,974.	1,811,852.	7,440,800.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	20,195.	12,920.	19,075.	21,524.	17,288.	91,002.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,560.	9,944.	7,856.	1,113.	11,889.	34,362.
11	Total support. Add lines 7 through 10						7,566,164.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 1	,234,309.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stopetion C. Computation of Publ	here					<u></u> ▶□
							00 04
	Public support percentage for 2019 (14	98.34 %
	Public support percentage from 2018					15	98.37 %
16a	33 1/3% support test - 2019. If the o						x and
_	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2018. If the d						nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	-	ization
	meets the "facts-and-circumstances"	-					>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 1 <i>1</i> a, or 17b	o, check this box a	ına see instruction:	s ▶∟

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

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

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
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									
3	Gross receipts from activities that									
_	are not an unrelated trade or bus-									
	iness under section 513									
4										
•	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
J	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
/ 6	Amounts included on lines 1, 2, and									
,	3 received from disqualified persons 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									
	Add lines 7a and 7b						_			
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support			1			<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 6									
108	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
t	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
	regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)									
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,			
	check this box and stop here	<u></u>					<u></u> ▶□			
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage							
15	Public support percentage for 2019 (line 8, column (f), o	divided by line 13,	column (f))		15	%			
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%			
Se	ction D. Computation of Inve	stment Incom	e Percentage							
17	Investment income percentage for 20	119 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%			
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%			
		3 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box a						>			
ŀ	33 1/3% support tests - 2018. If the						and			
	line 18 is not more than 33 1/3%, che									
20										

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	00		
	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	134		
	106		
	10b 90 or 99	00 EZ	2010
ııı 9	an or as	7U-EZ)	2019

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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	ion 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
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 the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Part I\ line 1;	/, Se Par	t IV, Sec	lines 1 tion D,	, 2, 3k lines :	o, 3c, 4 2 and 3	b, 4c, 5 3; Part l'	ia, 6, 9 V, Sec	a, 9b, 9 tion E,	9c, 11: lines 1	a, 11b lc, 2a,	, and 1 2b, 3a	1c; Pa , and 3	rt IV, S b; Part	ection E V, line	, lines 1 I ; Part \	and 2 /, Secti	; Part IV on B, lin	, Section (e 1e; Part	C, V,
			, lines 5, uctions.)	6, and	8; an	d Part \	V, Secti	on E, li	ines 2,	5, and	1 6. Als	so com	plete ti	nis par	for any	additio	nal info	rmation	•	
SCHEDU	LE A	Α,	PAR	r II	, L	INE	10,	EX	PLAI	TAN	ION	FOR	ОТ	HER	INC	OME:				
MISCEL	LANE	JOE	JS																	

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

MUSICIANS ON CALL INC.

Employer identification number 13-4067116

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the								
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.									
		(a) Donor advised funds	(b) Funds and other 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		sed funds								
	are the organization's property, subject to the organization's	_									
6	Did the organization inform all grantees, donors, and donor a										
	for charitable purposes and not for the benefit of the donor of	· ·	•								
Pai											
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).									
	Preservation of land for public use (for example, recrea		f a historically important land area								
	Protection of natural habitat Preservation of a certified historic structure										
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last								
	day of the tax year.		Held at the End of the Tax Year								
а	Total number of conservation easements		2a								
	Total acreage restricted by conservation easements										
	Number of conservation easements on a certified historic str										
	Number of conservation easements included in (c) acquired										
	listed in the National Register		I								
3	Number of conservation easements modified, transferred, re										
	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										
	violations, and enforcement of the conservation easements i										
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year								
	>										
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year								
	▶ \$										
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)								
	and section 170(h)(4)(B)(ii)?		Yes No								
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and								
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the								
	organization's accounting for conservation easements.										
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.								
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.									
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works								
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in t	urtherance of public								
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.								
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of								
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	herance of public service,								
	provide the following amounts relating to these items:										
	(i) Revenue included on Form 990, Part VIII, line 1		> \$								
	(ii) Assets included in Form 990, Part X		·								
2	If the organization received or held works of art, historical tre										
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:									
а	Revenue included on Form 990, Part VIII, line 1		> \$								
h	Assets included in Form 900 Part Y		<u> </u>								

Par	rt III Organizations Maintaining C	collections of Ar		easures. or	Othe	r Simil	ar Asse	ts (contin		ige Z
	Using the organization's acquisition, accession		-	-				•	<u> </u>	
•	collection items (check all that apply):	on, and onion 1000 a	o, oo ay oo			9				
а	Public exhibition	d	Loan or excl	hange program	า					
b	Scholarly research	e		9- 9	-					
c	Preservation for future generations	-								
	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization	ı's exen	nnt nurna	se in Par	t XIII		
	During the year, did the organization solicit o						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,		
•	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		3				, ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other asse	ets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
		•	· ·					Amount		
С	Beginning balance					1c				
d	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on P	art XIII]
Par	rt V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part I\	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance	176,834.	171,982.	167,	778.	1	67,230.		267,	214.
b	Contributions									
С	Net investment earnings, gains, and losses	5,461.	4,852.	4,	204.		548.			16.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs								100,	000.
f	Administrative expenses									
g	End of year balance	182,295.	176,834.	171,	982.	1	67,778.		167,	230.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	37.89	_%							
b		%								
С	Term endowment ► 7.25 g	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for th	e organiz	zation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or of		or other		cumulate	ed	(d) Book	value	9
		basis (investn	nent) basis	(otner)	dep	reciation				
	Land									
	Buildings			0 001		10 0	01			
	Leasehold improvements			0,901.		10,9		1 -		0 •
	Equipment		1 7	7,676. 7,062.		62,5		Т:	,08	09.
	Other					77,0	04.	1 5		39.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MUSICIANS O	N CALL INC.	13	3-4067116 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
1. (a) Description of liability	0111 01111 000, 1 411 17, 11110	110 01 111. 000 1 0111 000, 1 art X, iii 0 2	(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(9)

Sche	dule D (Form 990) 2019 MUSICIANS ON CALL INC.			13-4	1067116 _{Page} 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,764,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	23,879.		
b	Donated services and use of facilities	2b	582,552.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	606,431.
3	Subtract line 2e from line 1			3	2,157,610.
4	Amounts included on Form 990, Part VIII, line 12, 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			
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.)			5	2,157,610.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	2,475,657.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	582,552.		
b	Prior year adjustments	. 2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	582,552.
3	Subtract line 2e from line 1			3	1,893,105.
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				
b	Other (Describe in Part XIII.)	. 4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,893,105.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:				
THI	E ENDOWMENT FUND IS TO SUPPORT THE ORGANIZ	ZATION	S PROGRAMS		
PAI	RT X, LINE 2:				
THI	E ORGANIZATION IS A TAX-EXEMPT ORGANIZATIO	ON AS I	DEFINED BY	SECT	TION
502	L(C)(3) OF THE INTERNAL REVENUE CODE, THOU	JGH IT	IS SUBJECT	то	TAX ON
INC	COME UNRELATED TO ITS EXEMPT PURPOSE, UNLE	ESS TH	AT INCOME I	s o	THERWISE

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON

INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE

EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO

ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT

UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN

JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER

MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

Name of the organization						Employer ide 13-4067	ntification number		
MUSICIA	MUSICIANS ON CALL INC.								
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not		
Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p	tion of tion of fundra (includer	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes			
b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the		ant to	agree	ements under which	the fu	undraiser is to b	oe .		
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(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		
		Yes	No						
Total		!							
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration		

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NASHVILLE NEW YORK (add col. (a) through EVENT EVENT 1 col. (c)) (event type) (event type) (total number) Revenue 330,267. 499,908. 1,172,364. 1 Gross receipts 342,189. 153,194 457,563. 7,105. 617,862. 2 Less: Contributions 177,073. 42,345. 335,084. 554,502. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 30,651. 24,507. 55,158. 6 Rent/facility costs 25,348. 61,220. 5,000. 91,568. 7 Food and beverages 1,554. 1,554. 8 Entertainment 18,905. 89,672. 9 Other direct expenses 31,882. 38,885. 237,952. 10 Direct expense summary. Add lines 4 through 9 in column (d) 316,550. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2019 MUSICIANS ON CALL INC.	4067	116	Page 3							
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No							
	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?		Yes	└─ No							
	Indicate the percentage of gaming activity conducted in:										
	a The organization's facility			%							
	n outside facility	13b		%							
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	o 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:										
	Is the organization required under state law to make charitable distributions from the gaming proceeds to										
	retain the state gaming license?	Ш	Yes	└─ No							
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the										
<u> </u>	organization's own exempt activities during the tax year ▶ \$										
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	ines 9,	9b, 10b,							
	130, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.										

Schedule 6	G (Form 990 or 990-EZ)	MUSICIANS ON	\mathtt{CALL}	INC.	13-4067116 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			· ·

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

MUSICIANS ON CALL INC.

Employer identification number 13-4067116

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	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			
	Travel for companions Payments for business use of personal residence			
	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	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 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.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom 330 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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			
	contingent on the revenues of:			
а	The organization?	5a	Х	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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		Х
b		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	n 100 on mio o, aid the organization also relieve the resultable presumption procedure described in			

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(i) Base (ii) Bonus & (iii) Compensation incentive report compensation compe		compensation	Derients	(B)(()-(U)	reported as deferred on prior Form 990	
(1) PETER J. GRIFFIN (i)	178,811.	30,000.	0.	0.	5,800.	214,611.	0.	
PRESIDENT AND CEO (iii		0.	0.	0.	0.	0.	0.	
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
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(i)								
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(i)								
(ii								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization MUSICIANS ON CALL INC. Employer identification number 13-4067116

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	_	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	30,501.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
44	Historic structures						
14 15	Qualified conservation contribution - Other						
16	Real estate - Residential Real estate - Commercial						
17							
18	Real estate - Other						
19	Collectibles Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (GUITAR)	Х	1	25,000.	FMV		
26	Other (NATIONAL GEOG)	Х	1	4,800.			
27	Other (AMAZON FIRE T)	Х	2	3,300.	FMV		
28	Other (LUNA GUITARS)	Х	1	1,966.	FMV		
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	used for		
	exempt purposes for the entire holding period	?			30a	1	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						
32a	Does the organization hire or use third parties	or related or	rganizations to sol	cit, process, or sell noncash			
	contributions?				32a	1	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
LIQUOR
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1200.
(D) METHOD OF DETERMINING REVENUE: FMV
BONGO JAVA
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1050.
(D) METHOD OF DETERMINING REVENUE: FMV
AMAZON ECHO SHOW
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 680.
(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O

Internal Revenue Service

(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.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MUSICIANS ON CALL INC.

Employer identification number 13-4067116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FACILITIES. MUSICIANS ON CALL USES MUSIC TO PROMOTE AND COMPLEMENT THE

HEALING PROCESS FOR PATIENTS, FAMILIES AND CAREGIVERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO GIVE PATIENTS ACCESS TO MUSIC RIGHT AT THEIR BEDSIDE.

MUSICIANS ON CALL'S VIRTUAL BEDSIDE PERFORMANCE PROGRAM BRINGS

VOLUNTEER GUIDES AND VOLUNTEER MUSICIANS DIRECTLY TO PATIENTS,

HOMEBOUND SENIORS, HOSPITAL STAFF, AND THOSE IN NEED OF REMOTE, LIVE

MUSIC. BY UTILIZING VIDEO CONFERENCING TECHNOLOGY, VOLUNTEER GUIDES

HOST A 30-60 MINUTE LIVE SESSION WITH PERFORMANCES FROM A VOLUNTEER

MUSICIAN.

FORM 990, PART VI, SECTION B, LINE 11B:

MUSICIANS ON CALL MANAGEMENT REVIEWED THE 990. IT WAS SENT TO EACH BOARD

MEMBER FOR THEIR REVIEW PRIOR TO FILING. IF THERE IS AN ISSUE, MUSICIANS ON

CALL WILL DISCUSS WITH THE AUDIT TEAM. MUSICIANS ON CALL HAS NOT

ENCOUNTERED THIS TO DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, BOARD MEMBERS AND OFFICERS MUST REVIEW AND SIGN THE CONFLICT OF

INTEREST POLICY. IF THERE IS A CONFLICT OF INTEREST, THE PERSON WOULD

RECUSE HIM OR HERSELF FROM ANY VOTE. THE AUDIT COMMITTEE DECIDES WHETHER

CONFLICTS EXIST.

Name of the organization MUSICIANS ON CALL INC.	Employer identification number 13-4067116
FORM 990, PART VI, SECTION B, LINE 15A:	
A COMPENSATION COMMITTEE MEETS ANNUALLY TO REVIEW THE PRE	SIDENT'S
COMPENSATION. CONCLUSIONS ARE REVIEWED WITH THE PRESIDENT	AND THE REST OF
THE BOARD. THE PRESIDENT'S SALARY WAS REVIEWED IN NOVEMBE	R 2018.
SUBSEQUENTLY, THIS PROCESS WAS DONE IN DECEMBER 2019.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, CO, CT, DC, FL, GA, IL, MD, MA, NJ, NY, NC, OH, PA, TN, VA, WA, WI, AL,	AR, KS, KY, ME, MI, MS
NV, NH, ND, OK, OR, RI, SC, WV, AK, HI, MN, NM, UT	
FORM 990, PART VI, SECTION C, LINE 19:	
IF SOMEONE IS INTERESTED IN THE MATERIALS THEY CAN SUBMIT	A WRITTEN REQUEST
BY MAIL OR EMAIL AND A COPY OF THE DOCUMENTS WILL BE PROV	ZIDED.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

illing or t	nis torni, visit www.irs.gov/e-nie-providers/e-nie-ror-chan	illes-ariu-r	ion-pronts.			
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts	
must use	e Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)				
orint						
File by the	MUSICIANS ON CALL INC.	13-4067116		L 6		
due date fo iling your eturn. See	Number, street, and room or suite no. If a P.O. box, s 1300 DIVISION STREET, NO.		tions.			
nstructions	City, town or post office, state, and ZIP code. For a for NASHVILLE, TN 37203	oreign add	dress, see instructions.			
Enter the	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) ELIZABETH BLAC	06	Form 8870			12
● The b	pooks are in the care of ▶ 110 WEST 40TH		UITE 702 - NEW YOR	K, NY	10018	
	hone No. ► 212-741-2709		Fax No. ▶			
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit					check this
oox ►			ach a list with the names and TINs o			
			16 0000			
	equest an automatic 6-month extension of time until			e the exem	pt organization ret	urn for
	e organization named above. The extension is for the org	anization's	s return for:			
•	X calendar year 2019 or					
	tax year beginning	, an	nd ending		<u> </u>	
2 If t	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
L	L Change in accounting period					
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			
an	y nonrefundable credits. See instructions.	3a	\$	0.		
	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	timated tax payments made. Include any prior year overp	3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pa					
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.
Caution	: If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	or payment
nstruction	ons.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)