Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

\overline{A}	For the	e 2016 calendar year, or tax year beginning	and ending			
	Check if applicat		•	D Emplo	yer ider	ntification number
Г		ress change		· ·	•	
F		e change MUSIC HEALS INTERNATIONAL		46	-462	27905
Ē		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite			
Ē	Final	return/ P.O. BOX 2593		41	5-86	0-6101
Ē		City or town, state or province, country, and ZIP or foreign postal code	I	F Group		
Ē		MILL VALLEY, CA 94942		Numb		
G		nting Method:				if the organization is
		te: WWW.MHINTERNATIONAL.ORG				o attach Schedule B
J	Tax-ex	Example 1.1 xempt status (check only one) $- X 501(c)(3) - 501(c)(3)$	4947(a)(1) or 527	(Form	990, 99	00-EZ, or 990-PF).
		of organization: X Corporation Trust Association	Other			,
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if total assets (Part	II,		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$	159,357.
	art I	Revenue, Expenses, and Changes in Net Assets or Fun	d Balances (see the instri	uctions fo	r Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I				X
	1				1	97,321.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
Ф	a	Gross income from gaming (attach Schedule G if greater than				
ž		\$15,000)	6a			
Revenue	b	Gross income from fundraising events (not including \$	of contributions			
ш		from fundraising events reported on line 1) (attach Schedule G if the sum of such	_			
		gross income and contributions exceeds \$15,000)	6b 62,0	36.		
	С	Less: direct expenses from gaming and fundraising events	6c 14,1	92.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	ubtract line 6c)		6d	47,844.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b		7b			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule 0)			8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	145,165.
	10	Grants and similar amounts paid (list in Schedule 0)		L	10	
	11	Benefits paid to or for members			11	04 606
es	12	Salaries, other compensation, and employee benefits			12	24,600.
ens	13	Professional fees and other payments to independent contractors			13	5,047.
Expenses	14	Occupancy, rent, utilities, and maintenance			14	6,262.
	15	Printing, publications, postage, and shipping			15	3,345.
	16	Other expenses (describe in Schedule 0)			16	86,918.
	17	Total expenses. Add lines 10 through 16		. •	17	126,172.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	18,993.
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))			40	0 204
Net Assets		(must agree with end-of-year figure reported on prior year's return)			19	8,294.
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)		_	20	27 207
	21	·		▶	21	27,287. Form 990-EZ (2016)
LH	A LOI	r Paperwork Reduction Act Notice, see the separate instructions.				1 01111 330-E& (20 16)

Pa	ırt II	Balance Sheets (see the instructions for Part II))				
		Check if the organization used Schedule O to re	espond to any question	n in this Part II			X
		-	(4	A) Beginning of year		(B) E	nd of year
22	Cash.	savings, and investments		8,875	• 22		27,915.
23		and buildings		<u>, </u>	23		•
24	Other	assets (describe in Schedule O)			24		
25	Total	accate		8,875			27,915.
26	Total	assets liabilities (describe in Schedule 0) SEE SCHEDULE		581			628.
27		ssets or fund balances (line 27 of column (B) must agree with line 2		8,294			27,287.
		Statement of Program Service Accomplishm			• 21	Ev	
Г	II L IIII	_	· ·	,	X		(penses for section
Wha	t ic tho	Check if the organization used Schedule O to reorganization's primary exempt purpose?SEE SCHEDULE		i in this Part III	Δ	501(c)(3)	and 501(c)(4)
						organization others.)	ons; optional for
		rganization's program service accomplishments for each of its three largest progra be the services provided, the number of persons benefited, and other relevant inf		s. In a clear and concise		0.11010.)	
		/IDE FREE MUSIC INSTRUCTION, TE	, ,	מוא ב		 	
		ICAL INSTRUMENTS	SACIIDA IRAINING	3 MID			
	MUS.	ICAL INSTRUMENTS					
					-		105 540
	(Grants) If this amount includes foreig	n grants, check here	<u></u>		28a	125,548.
29							
	(Grants) If this amount includes foreig	n grants, check here			29a	
30							
					 _		
	(Grants	,				30a	
31	Other p	program services (describe in Schedule O)					
	(Grants) If this amount includes foreig	n grants, check here	>		31a	
		program service expenses (add lines 28a through 31a)			▶		125,548.
Pa	rt IV	List of Officers, Directors, Trustees, and Key	Employees (list each one e	ven if not compensated -	see the	instructions f	or Part IV)
		Check if the organization used Schedule O to re	espond to any question	in this Part IV			
			(b) Average hours	(C) Reportable		alth benefits,	(e) Estimated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emple	ibutions to byee benefit	amount of other
			position	(if not paid, enter -0-)		and deferred pensation	compensation
SA	RA V	VASSERMAN					
PR	ESII	DENT	60.00	24,600.		0.	0.
ST	EPHZ	ANIE CLARKE					
$\overline{\mathtt{TR}}$	EAS	JRER	5.00	0.		0.	0.
ΜI	CHEI	LE WALDMAN					
SE	CRE	PARY	5.00	0.		0.	0.
			 				
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			+				
			 				
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			_				
				1			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	instructions for Part v) Check if the organization used Sch. O to respond to any question in this	rait		<u> </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
0.4	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	24		х
25.0	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
oo a		35a		x
h	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	-17	-
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
•	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
b.	Did the organization file Form 1120-POL for this year?	37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.2		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	-		
a	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright 0 • ; section 4912 \blacktriangleright 0 • ; section 4955 \blacktriangleright 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O •			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacksquare$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 415 – 86			
	Located at ► P.O. BOX 2593, MILL VALLEY, CA ZIP+4 ► 9	494	2	
b	At any 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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		v
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
10	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
	43	14 / 21		
			Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		. 03	
. ru	Form 990-EZ	44a		х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	- 74		
	of Form 990-EZ	44b		х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
-	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ	(2016)

orm 990-EZ (2	2016) MUSIC HEALS INTERNATIONA	L			46-46279	05	F	Page 4
					_		Yes	No
	ganization engage, directly or indirectly, in political campaign activi					46		Х
	omplete Schedule C, Part I Section 501(c)(3) organizations only					40		
	All section 501(c)(3) organizations must answer questions 4	17-49b and 52	and complet	e the tables for line	s 50 and 51.			
	Check if the organization used Schedule O to respond to a		-					
	<u> </u>	7 1						No
47 Did the or	ganization engage in lobbying activities or have a section 501(h) el	ection in effect o	luring the tax ye	ear? If "Yes," complete	Sch. C, Part II	47		Х
48 Is the org	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	" complete Sche	dule E			48		X
	ganization make any transfers to an exempt non-charitable related					49a		X
b If "Yes," w	as the related organization a section 527 organization?					49b		
-	this table for the organization's five highest compensated employe \ensuremath{E}	•	fficers, directors	s, trustees, and key er	nployees) who ea	ch red	ceived	more
than \$100	0,000 of compensation from the organization. If there is none, enter	1						
	(a) Name and title of each employee		rage hours	(C) Reportable compensation (Forms	(d) Health benefits, contributions to		Estim	
	NO.17		devoted to sition	W-2/1099-MISC)	employee benefit plans, and deferred	1	ount of mpensa	
	NONE	po	3111011		compensation	001	пропос	
						_		
		4						
						-		
		+				1		
51 Complete	this table for the organization's five highest compensated independ on. If there is none, enter "None." NONE		who each recei	0 ived more than \$100,	000 of compensa	tion fr	om the)
	ame and business address of each independent contractor		(b)	Type of service	(c) C	ompe	nsatior	
, ,	·		, ,					
d Total num	shar of other independent contractors each receiving ever \$400,000	n						0
	aber of other independent contractors each receiving over \$100,000 (ganization complete Schedule A? Note: All section 501(c)(3) organization.		tach a	🚩				
	d Schedule A				> X	7 va		No
	of perjury, I declare that I have examined this return, including acc							
•	nd complete. Declaration of preparer (other than officer) is based or	. , ,		,	,	jo ano	i bollot,	, 11 15
. 40, 0011 004, 41	Completes becautation of property (early than emost) to become	T un milorination	or which propa	Tor ride drift knowledg				
Sign	Signature of officer				Date			
Here	SARA WASSERMAN, PRESIDENT							
	Type or print name and title							
I	Print/Type preparer's name Preparer's signatur	е	Date	Check	if PTIN			
Paid				self- emplo	yed			
Preparer	TAMARA S. HULL, CPA				P010			
Use Only	Firm's name ► HULL EISENBARTH & ASS	OCIATES	INC.	Firm's EIN	▶20-808			
	Firm's address ▶ 8 VIA LA CUMBRE	<u> </u>		Phone no.	(415) 4	72	-42	00

632174 12-08-16

GREENBRAE, CA 94904

May the IRS discuss this return with the preparer shown above? See instructions ...

Form **990-EZ** (2016)

X Yes No

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

		MUSI	C HEALS IN	TERNATIONAL				4	6-4627905
Part	I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions	S.	
he or	ani	ization is not a private found	dation because it is:	(For lines 1 through 12. c	check only	one box.)			
1	_	A church, convention of ch		,	,	,			
2		A school described in sect i	*				-, (, (-, -		
3 <u> </u>	Ħ	A hospital or a cooperative					ii)		
4	Ħ	A medical research organiz					-	Viii) Enter	the hospital's name
4 _			ation operated in co	rijuriction with a nospita	i describe	ı III Sectio	11 170(b)(1)(A)	(III). LIILEI	the nospital s hame,
- [city, and state:		Hana au mai ranaih ranna	d au au au au a				1 in
5 ∟		An organization operated for		niege or university owner	d or opera	ted by a g	overnmentai t	ınıt descrit	pea in
	_	section 170(b)(1)(A)(iv). (C							
6	_	A federal, state, or local government							
7 🛚	\	An organization that norma	Illy receives a substa	intial part of its support t	from a gov	ernmental	unit or from t	he general	public described in
_	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 📙	_	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10 🗆		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
		activities related to its exen							
		income and unrelated busin	-	·					-
		See section 509(a)(2). (Cor		(1000 000tion on tax) ii	om baome	ooco aoqe	inca by the or	garnzation	artor dario do, 1070.
ı1 🗆		An organization organized a		ively to test for public es	faty Saa	saction 50	10(2)(4)		
12 🗀	Ħ		-		•			orn, out the	nurnosos of one or
12 L		An organization organized a	·	· ·	•			•	
		more publicly supported or							neck the box in
		lines 12a through 12d that	* *			•		-	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•			• • •	
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functional	lly integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organ	zation(s)
		that is not functionally int	egrated. The organia	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	-		•				
е		Check this box if the orga	,	•				II. Type III	
•		functionally integrated, or					, , , , , , , , , , ,	, . , p =	
f F	nte	er the number of supported of			ing organi	Lation.			
		ride the following information		ad organization(s)					
9 '		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see in	,	support (see instructions)
		-		above (see instructions))	103	140			
otal									

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			108,394.	114,062.	159,356.	381,812.
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			108,394.	114,062.	159,356.	381,812.
	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.						381,812.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total 381,812.
7	Amounts from line 4			108,394.	114,062.	159,356.	381,812.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						381,812.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
~	organization, check this box and stor	here					<u></u> ▶□
	ction C. Computation of Publ					г т	100 00
14	Public support percentage for 2016 (100.00 %
15	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the c	-					
	stop here. The organization qualifies						
D	33 1/3% support test - 2015. If the condition have	-					
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the "fact			-	•	_	
L	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	п ана посспеска	DUX UITIIITIE 13, 16	a, 100, 17a, 0f 17k	J, CHECK THIS DOX 2	ina see instruction	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

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	, I	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	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.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
							>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	t op here. The orga	anization qualifies	as a publicly supp	oorted organization	>
20	Private foundation If the organization	n did not obook a	hay on line 14 10	a or 10h chock t	his how and soo in	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5с		
	_		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	40		
	10a		
	10h		
m O	10b 90 or 99	10-F7	2016
3		· · · · · /	2010

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		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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		<u> </u>
Sec	tion D. All Type III Supporting Organizations		T	
			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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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			
Ū	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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
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				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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 Orga	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 S	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on 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	IS	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

TSH50011

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

MUSIC HEALS INTERNATIONAL

46-4627905

Organization	Organization type (check one):					
Filers of:		Section:				
Form 990 or 9	990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule	e					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rule	es					
sect any	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year is ch purp	r, contributions necked, enter h	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., puplete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year				
but it must a	caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

MUSIC HEALS INTERNATIONAL

46-4627905

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS P.O. BOX 2593 MILL VALLEY, CA 94942	\$89,891.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MUSIC HEALS INTERNATIONAL

46-4627905

Part II	Noncash Property (See instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number

Name of organization

46-4627905 MUSIC HEALS INTERNATIONAL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

MUSIC HEALS INTERNATIONAL

Employer identification number 46-4627905

Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pabor 16 organization have a written of key employees listed in Form 990, Pabor 17 organization have a written of key employees listed in Form 990, Pabor 17 organization have a written of key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form 990, Pabor 18 organization have a written or key employees listed in Form	e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(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			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	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.

Schedule G (Form 990 or 990-EZ) 2016

Pa	rt I	II Fundraising Events. Complete if the of fundraising event contributions and growth of fundraising event contributions.				
		<u> </u>	(a) Event #1	(b) Event #2 MUSIC SHOW (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	11,647.	, ,,,	13,178.	62,036.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	11,647.	37,211.	13,178.	62,036.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs	1,684.	5,625.	6,883.	14,192.
Direct Expenses	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			14,192.
Pa	11					47,844.
		\$15,000 on Form 990-EZ, line 6a.	anowored res en rem		roportou moro triari	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
а	ls t	nter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	activities in each of these			Yes No
		ere any of the organization's gaming licenses r 'Yes," explain:		-	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 MUSIC HEALS INTERNATIONAL 46-	462/	905	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,
	Name			
	Address ▶ _			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?	,	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		110
	organization's own exempt activities during the tax year > \$			
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	linos O	0h 10	h 15h
ı u		iii ies ə,	9D, 10	155,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G	G (Form 990 or 990-EZ)	MUSIC HEALS	INTERNATIONAL	46-4627905 F	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization **Employer identification number** 46-4627905 MUSIC HEALS INTERNATIONAL FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: HAITIAN MUSIC PROGRAM 77,767. OTHER PROGRAM EXPENSES 3,576. 2,426. PAYROLL TAXES PAYROLL PROCESSING 457. **INSURANCE** 2,642. FILING FEES 50. TOTAL TO FORM 990-EZ, LINE 16 86,918. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR DESCRIPTION END OF YEAR 628. ACCOUNTS PAYABLE AND ACCRUED EXPENSES 581. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - WE WORK TO BRING MUSIC AND MUSICIANS TO THE CHILDREN OF HAITI AND OTHER PARTS OF THE WORLD. WE ARE DESIGNED TO TEACH AND INSPIRE CHILDREN, USING MUSIC AS A POWERFUL FORCE FOR EDUCATION, CREATIVITY AND HEALING. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

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

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Schedule O (Form 990 or 990-EZ) (2016)