PUBLIC DISCLOSURE COPY

HURRICANE IRMA RELIEF EXTENSION TO JANUARY 31, 2018

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.

16 Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2016 calendar year, or tax year beginning and	enaing		
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number
X	Addre				
	Name chang	e Doing business as		61-1	516132
	Initial return	,	Room/suite	•	
	∃Final return		F-927	404-	541-9231
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	330,639.
	Amen return	AILANIA, GA 30324		H(a) Is this a group re	
	Application	F Name and address of principal officer: UOSH KIFKIND		for subordinates	? Yes X No
	pendi	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
_		te: > WWW.SONGSFORKIDSFOUNDATION.ORG		H(c) Group exemptio	
K F	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 2007	M State of legal domicile: GA
Pa	rt I	Summary			
an a	1	Briefly describe the organization's mission or most significant activities: ENRIC			
ü		IN NEED THROUGH MUSIC. SONGS FOR KIDS FO	UNDAT:	ION BRINGS M	USICIANS
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	3 2
2	4	Number of independent voting members of the governing body (Part VI, line 1b)			2
es {	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			1
Λİţ	6	Total number of volunteers (estimate if necessary)			55
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		164,480.	217,538.
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.
3ev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,733.	77,918.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		222,213.	295,456.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		53,823.	53,825.
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
ž	l .	Total fundraising expenses (Part IX, column (D), line 25)	0.	106 500	115 510
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,590.	115,519.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		160,413.	169,344.
	19	Revenue less expenses. Subtract line 18 from line 12		61,800.	126,112.
S OF			В	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		160,244.	287,324.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		548.	1,516.
Z _i	ırt II	Net assets or fund balances. Subtract line 21 from line 20		159,696.	285,808.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anta and to the heat of my	knowledge and heliaf it is
		thes of perjury, I declare that I have examined this return, including accompanying scriedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and beller, it is
ii ue,	COLLEC		icii pi epai ei	Thas any knowledge.	
Sigr	•	Signature of officer		Date	
Her		JOSH RIFKIND, OFFICER			
ilei	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Τ	Date Check	PTIN
Paid		KATHERINE MOOSARIPARAMBIL		if self-employ	P01361871
	arer	Firm's name CHERRY BEKAERT LLP		Firm's EIN ▶	56-0574444
	Only	Firm's address 1029 GREENE STREET			-
		AUGUSTA, GA 30901		Phone no. 70	6-724-3557
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Oback if Cabadula O agreeins a year assa are made to agreein in this Dark III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ENRICHING THE LIVES OF CHILDREN IN NEED THROUGH MUSIC. SONGS FOR KIDS
	FOUNDATION BRINGS MUSICIANS YEAR ROUND TO CHILDREN'S HOSPITALS AND
	SPECIAL NEEDS KIDS CAMPS.
	DIEGITE REEDS RESS
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 \$153,031. including grants of \$) (Revenue \$)
	TO BRING MUSICIANS YEAR ROUND TO CHILDREN'S HOSPITALS AND SPECIAL NEEDS
	KIDS CAMPS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 153,031.

Form 990 (2016) SONGS FOR KIDS FOUNDATION 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_	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	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		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<u> </u>		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	<u> </u>		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		· · · ·		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
124	· ·	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
		140		
D	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			
		146		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	14b		
IJ		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^ `
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^ `
18		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ '°	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
	complete Schedule G. Part III	19		_ 22

Form 990 (2016) SONGS FOR KIDS FOUNDATION INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
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		X
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) SONGS FOR KIDS FOUNDATION INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					<u>Ш</u>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					,,
	financial account in a foreign country (such as a bank account, securities account, or other financial a	eccoun	t)?	<u>4a</u>		X
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 A					37
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				.,
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		•	۱		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		Α_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	to file Form 8282?	•	ill 60	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		:?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	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.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.					
Ŋ	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c				
	Did the experiention receive any neymoute for indeer tenning convices during the tay year?			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Scheduling			14b		
~	The state of the s				000	

Form 990 (2016) SONGS FOR KIDS FOUNDATION INC 61-1516132 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to line 2 through 7 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

800	·					X
Sec	tion A. Governing Body and Management					
		1.1	3		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a				
	If there are material differences in voting rights among members of the governing body, or if the governing					
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		2			
	Enter the number of voting members included in line 1a, above, who are independent		2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by 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 rea	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, 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 boo	dy 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			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		X
13	Did the organization have a written whistleblower policy?			13	X	
14				14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	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 arrange	ment with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	•				
	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 ▶GA , CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s on	y) av	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	•	and ·	financ	ial	
	statements available to the public during the tax year.	1		_		
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:				
	SANJAY KOTHARI - 770-355-5583	_				
	1579 MONROE DRIVE, SUITE F-927, ATLANTA, GA 30324					

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.

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

Check this box if neither the organization		orga T	ınıza			nper	isate			—
(A)	(B)			Pos	C)	1		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable compensation	Reportable	Estimated amount of
	hours per week	offi	box, unless person is both an officer and a director/trustee)		from	compensation from related	other			
	(list any	tor						the	organizations	compensation
	hours for	- direc				р В		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	Iltrus	nal tr		loyee	d woo				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lns	0#0	, Ke	를	For			
(1) JOSH RIFKIND	40.00			l				F0 000		•
PRESIDENT				Х		<u> </u>		50,000.	0.	0.
(2) JUSTIN KERENYI	7.00			l						•
SECRETARY	1			Х		_		0.	0.	0.
(3) SANJAY KOTHARI	15.00									_
TREASURER				Х		_		0.	0.	0.
						_				
		-								
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						┝				
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		1						I.	l	

632007 11-11-16 Form **990** (2016)

rait	Section A. Officers, Directors, Trus	tees, Key Em _l	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	S (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Esf	timated	i
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	n	am	ount of	ŧ
		week		cer ar	nd a d	irecto	or/trus	stee)	from	from related			other	
		(list any	rector						the	organization			oensatio	
		hours for related	or di	e e			ated		organization	(W-2/1099-MIS	3C)		om the	
		organizations	ustee	trust		e e	bens		(W-2/1099-MISC)				anizatio I related	
		below	ual tr	tional		ploye	t col						nizatior	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J	inzatioi	13
			=	=	0		1 0	1			-			
			1											
											-			
			1											
											-			
			1											
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			1											
1h	Sub-total	1	I				_		50,000.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								50,000.		0.			0.
	Total number of individuals (including but n							no re		000 of reportable				
	compensation from the organization	ot illilited to th	1030	11310	ual	JOVE	<i>5)</i> WI	10 16	scerved more than \$100,	ooo or reportable	,			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tri	ısta	s ke	w en	nnlo	N/AA	or l	highest compensated er	nnlovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3		Х
	For any individual listed on line 1a, is the su											3		
	and related organizations greater than \$150	•							•	•		4		Х
	Did any person listed on line 1a receive or a	•		,							·····	4		
												5		Х
	rendered to the organization? <i>If</i> "Yes," comion B. Independent Contractors	i <u>piete Scrieduii</u>	e J T	or st	JCN J	oers	son							<u></u>
	Complete this table for your five highest co	mneneated inc	lana	nda	nt co	ntr	acto	re th	nat received more than \$	100 000 of com		tion fro		
	the organization. Report compensation for	· ·	-							•	Jerisai	.1011 110	111	
	(A)	tric calcridar y	oai c	, i i dii	ig w	1111	OI WI		(B)	car.		(C	·	
	Name and business	address	NO	INC	2				Description of s	ervices	С	compen		
								\neg						
								\neg						
2	Total number of independent contractors (i	ncluding but n	ot lir	niter	d to	thos	se lie	sted	above) who received me	ore than				
	\$100,000 of compensation from the organi		J. 111			()	,.ou	assvo, who received the	J. S. G. IGIT				
	wros, soo or compensation from the organi.	Lation											200 /	

			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1	a	Federated campaigns	1a					
ant			Membership dues						
호립			Fundraising events		104,459.				
ifts			Related organizations						
pig.			Government grants (contribution						
Sir			All other contributions, gifts, grant						
uti her		•	similar amounts not included abov		113,079.				
를 를 를		g	Noncash contributions included in lines 1						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			217,538.			
<u> </u>		<u> </u>	Totali / Ida iirioo Ta Ti		Business Code				
a	2	а			Dusiness Code				
Şi		b							
Ser		c							
Program Service Revenue		d							
gra		e							
Pro			All other program service rever	nue					
			Total. Add lines 2a-2f						
	3	3	Investment income (including of						
			other similar amounts)		· ·				
	4		Income from investment of tax						
	5		Royalties	-					
			•	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
			N						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)						
ane			Gross income from fundraising including \$ 104,4	g events (not					
Other Revenu			contributions reported on line						
Ŗ			Part IV, line 18	,	110,838.				
the		b	Less: direct expenses		35,183.				
0			Net income or (loss) from fund		_	75,655.			75,655.
			Gross income from gaming ac						
			Part IV, line 19		a				
		b	Less: direct expenses		o				
		С	Net income or (loss) from gami	ing activities					
	10	а	Gross sales of inventory, less r	returns					
			and allowances	6	a				
		b	Less: cost of goods sold		o				
		С	Net income or (loss) from sales	of inventory	>				
			Miscellaneous Revenue		Business Code				
	11	а	MISCELLANEOUS II	NCOME	900099	2,263.	2,263.		
		b							
		С							
			All other revenue			2 262			
		е	Total. Add lines 11a-11d			2,263.	0.063	0	75 655
	12		Total revenue. See instructions.			295,456.	2,263.	0.	75,655.

Form 990 (2016) SONGS FOR KIDS FOUNDATION INC Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp				
_	Check if Schedule O contains a respons	se or note to any line in t	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	50,000.	40,000.	10,000.	
6	Compensation not included above, to disqualified	,	,	,	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,825.	3,251.	574.	
11	Fees for services (non-employees):	2,0201	-,	J. 2.4	
'' a	Management				
b	Legal				
	Accounting	4,152.	3,529.	623.	
d	Lobbying	1,101	3,3231	0201	
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,058.	3,058.		
13	Office expenses	17,479.	14,857.	2,622.	
14	Information technology	3,238.	2,752.	486.	
15	Royalties	3,2301	2,7320	2001	
16	Occupancy	7,894.	7,894.		
17	Travel	1,940.	1,940.		
18	Payments of travel or entertainment expenses	2,3200	2,3100		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,340.	3,340.		
23	Insurance	13,385.	11,377.	2,008.	
24	Other expenses. Itemize expenses not covered	==,,,,,,,,	==, • · · •	=,	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	HOSPITAL/CAMP PERFORMAN	41,306.	41,306.		
b	ACTIVITY EXPENSE	19,727.	19,727.		
c			•		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	169,344.	153,031.	16,313.	0.
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)				
					000

Form 990 (2016)
Part X Balance Sheet

Pai	πλ	balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			153,286.	1	283,706.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	(3)(B), and contributing				
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		` ' ` '		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	
		Land, buildings, and equipment: cost or other	I I				
			10a	23,453.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	19,835.	6,958.	10c	3,618.
	11	Investments - publicly traded securities			,	11	- ,
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	1		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	160,244.	16	287,324.		
	17	Accounts payable and accrued expenses	•	17	,		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to current and former					
ţį.		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	,			22	
<u>:</u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D	,	,	548.	25	1,516.
	26	Total liabilities. Add lines 17 through 25			548.	26	1,516. 1,516.
		Organizations that follow SFAS 117 (ASC 958					
w		complete lines 27 through 29, and lines 33 an		, — I			
ĕ	27	Unrestricted net assets			159,696.	27	285,808.
alar	28	Temporarily restricted net assets		28			
Ä	29					29	
Ĕ		Organizations that do not follow SFAS 117 (A					
Ä		and complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			159,696.	33	285,808.
	34	Total liabilities and net assets/fund balances			160,244.	34	287,324.
					•		· · · · · · · · · · · · · · · · · · ·

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Pai	T 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	29	5,4	<u>56.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	9,6	96.
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	28	5,8	08.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	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	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

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

Employer identification number

61-1516132

Open to Public Inspection

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Pa	ırt I	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1	\bigcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	H	A medical research organization					•	the hospital's name		
4	ш	city, and state:	ation operated in cor	ijunotion with a nospital	acscribed	iii Sectio	11 170(b)(1)(A)(iii). Linci	the nospital s hame,		
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ed in		
3	ш	section 170(b)(1)(A)(iv). (C		nege of university owner	or operat	ed by a go	Wernineritär unit describ	5u III		
6				antal unit described in		70/6\/4\/A\	(.)			
6	₹	A federal, state, or local gov						and the later and the		
7	X	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	\square	A community trust describe			-					
9		An agricultural research org	anization 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	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or		
		university:								
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported or	-	•	-		•			
		lines 12a through 12d that	-							
а		Type I. A supporting orga				-	· · · · · ·	aivina		
_		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-				
		organization. You must o			inajonty c	n the direc	tors or traditions or the of	аррогинд		
		¬ ~			ion with it	o oupporto	od organization(s) by bay	ina		
b	'	☐ Type II. A supporting org	•					-		
		control or management o			arrie perso	ns mai co	ntroi or manage the supp	ported		
		organization(s). You mus	•					1 20		
C	· L							ea witn,		
	. —	its supported organization								
C							• • • • •	* *		
		that is not functionally int	-		•		•	veness		
		requirement (see instructi	•	•	•					
е		Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
		vide the following information (i) Name of supported	about the supporte (ii) EIN		(iv) Is the orga	anization listed	(v) Amount of monotons	(vi) Amount of other		
	,	organization	(II) EIIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See motruotions)	Support (See motifications)		
							1	1		

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.")	125,047.	150,440.	143,357.	164,480.	217,538.	800,862.	
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	125,047.	150,440.	143,357.	164,480.	217,538.	800,862.	
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)						75,924.	
	Public support. Subtract line 5 from line 4.						724,938.	
Sec	ction B. Total Support		Γ		T			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4	125,047.	150,440.	143,357.	164,480.	217,538.	800,862.	
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				4.50	0.060	2 542	
	assets (Explain in Part VI.)				1,450.	2,263.	3,713.	
11	Total support. Add lines 7 through 10						804,575.	
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	302,307.	
13	•						. —	
804	organization, check this box and stor	here Dor	oontogo				>	
	etion C. Computation of Publi						00 10	
14	11 1 3					14	90.10 % 88.40 %	
15	Public support percentage from 2015					15		
16a	33 1/3% support test - 2016. If the contains the second star have The averagination available as							
,	stop here. The organization qualifies							
D	33 1/3% support test - 2015. If the constraints are all the constraints are al							
47-	and stop here. The organization qual		•			and line 14 is 1004		
1/a	10% -facts-and-circumstances test	_						
	and if the organization meets the "fac			-	-	-		
J.								
0		_						
							·	
10				•	,			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						,,
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
ď	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					T 1	
	Public support percentage for 2016 (li					15	<u>%</u>
	Public support percentage from 2015 ction D. Computation of Inves					16	%
	•			10 1 (0)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	7 is not
198	33 1/3% support tests - 2016. If the						/ IS HOL
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶∐_

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.)

ſ		Yes	No
ı	1		
ŀ	1		
ļ	2		
ŀ	3a		
	3b		
ļ	3c		
ŀ	4a		
	4b		
	4c		
Ì			
ŀ	5a		
ı	Eh		
ł	5b 5c		
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	7		
Ì	•		
	8		
	0-		
ł	9a		
	9b		
Ì			
	9с		
ŀ	10a		
	101-		
- Q	10b	M-F7	2016

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 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 E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	-	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 instru	uctions).		
2		ties Test. Answer (a) and (b) below.	ĺ	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne 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			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions 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		
	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		d Type III supportina oraz	anization (see
-	instructions).	, 39. 200) ···	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	aj(s) supporting orga	(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations)	
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 th	ne organization is responsive		
	(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			
	·	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	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

Schedule A	(Form 990 or 990	-EZ) 2016	SONGS	FOR	KIDS	FOUND	ATION	INC		61-15161		Page 8
Part VI	Supplement Part IV, Section line 1; Part IV, S	al Inforr A, lines 1, ection D, I 5, 6, and 8	nation. F 2, 3b, 3c, 4 ines 2 and 3	Provide th 4b, 4c, 5a 3; Part IV	ne explana a, 6, 9a, 9b ', Section I	ations requi o, 9c, 11a, E, lines 1c,	red by Part 11b, and 11 2a, 2b, 3a,	II, line 10; 1c; Part IV, and 3b; P	Section B, lines art V, line 1; Part	or 17b; Part III, line 1 1 and 2; Part IV, Se V, Section B, line 16 onal information.	2; ction	C,

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

SONGS FOR KIDS FOUNDATION INC 61-1516132

Organization type (check one):

Filers of:	Section:						
Form 990 or 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						
, ,	s 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							
	n 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 Rules							
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.						
year, total contribu	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, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
ŭ	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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						

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)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SONGS FOR KIDS FOUNDATION INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$6,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SONGS FOR KIDS FOUNDATION INC

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000 .	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll 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.)

SONGS FOR KIDS FOUNDATION INC

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	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
		\$	

Name of organization Employer identification number

SONGS	FOR KIDS FOUNDATION INC			61-1516	5132
Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete of	columns (a) through (e) and the fe	ollowing line entr	/. For organizations	than \$1,000 for
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	s, charitable, etc., contributions of \$1,000 al space is needed.	or less for the year.	(Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	ift is held
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	ift is held
	Transferee's name, address, a	(e) Transfer of		onship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	ift is held
-		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how g	ift is held
-					
	Transferee's name, address, a	(e) Transfer of		onship of transferor to transf	eree

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Employer identification number 61-1516132

	organization answered "Yes" on Form 990, Part IV, line		(h) Funds and other accounts
	Tabel combined and of const	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		and founds
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par		anization answered "Ves" on Form 990	
	Purpose(s) of conservation easements held by the organization		Tarriv, mie 7.
•	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Freservation of a ce	Timed historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Yea
а			
b			
	Number of conservation easements on a certified historic structure.	cture included in (a)	
	Number of conservation easements included in (c) acquired af		
u	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
Ü	year	asea, extinguished, or terminated by th	c organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
	Does the organization have a written policy regarding the period		-
•	violations, and enforcement of the conservation easements it I	• • • • • • • • • • • • • • • • • • • •	
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
_	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during the year
-	▶ \$		anon cacomonic daming and year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
_	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemer	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:	•	Š
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
0	If the organization received or held works of art, historical trea		
2	<u> </u>		
2	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
	the following amounts required to be reported under SFAS 11 Revenue included on Form 990, Part VIII, line 1	· ·	> \$

Pai	t III Organizations Maintaining Coll	ections of Art	, Histo	orical Tre	asures, o	r Other S	Similar A	ssets _{(co}	ntinued)	
3	Using the organization's acquisition, accession,	and other records	s, check	any of the f	ollowing that	are a sign	ificant use	of its collect	ion items	
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain	how the	ey further th	ne organizatio	n's exemp	t purpose ii	n Part XIII.		
5	During the year, did the organization solicit or re-	ceive donations o	f art, his	torical treas	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be mainta									No
Pai	t IV Escrow and Custodial Arranger	ments. Comple	te if the	organizatio	n answered '	"Yes" on F	orm 990, Pa	art IV, line 9,	or	
	reported an amount on Form 990, Part X,	, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermedi	ary for c	ontributions	s or other ass	sets not inc	cluded			
	on Form 990, Part X?							Yes	s [No
b	If "Yes," explain the arrangement in Part XIII and									
								Amo	unt	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line 2	21, for e	scrow or cu	ıstodial acco	unt liability	?	🔲 Yes	s 🗆	No
b	If "Yes," explain the arrangement in Part XIII. Ch									
Par	t V Endowment Funds. Complete if the	e organization ans	swered '	"Yes" on Fo	rm 990, Part	IV, line 10				
	(a	a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	s back (e) F	our years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	(line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possession	on of the organizat	tion that	are held ar	nd administer	ed for the	organization	n		
	by:							_	Yes	No
	(i) unrelated organizations							3a	(i)	
	(ii) related organizations								(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on So	chedule R?				3	b	
4	Describe in Part XIII the intended uses of the org		vment fu	unds.						
Pai	t VI Land, Buildings, and Equipmen	t.								
	Complete if the organization answered "Y	es" on Form 990,	, Part IV	, line 11a. S	ee Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or ot basis (investm			or other (other)		umulated eciation	(d) E	look valu	е
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			2	3,453.		L9,835	•	3,6	18.
	Other									
Total	l. Add lines 1a through 1e. <i>(Column (d) must equa</i>	l Form 990. Part >	K. colum	n (B). line 1	0c.)		.		3,6	18.

I	Part VII	Investn	nents -	Other	Securities

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-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" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [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.	<u>15.)</u>		▶
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) PAYROLL TAX LIABILITY - FE	DERAL	1,290.	
(3) PAYROLL TAX LIABILITY - ST	ATE	226.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,516.	
2. Liability for uncertain tax positions. In Part XIII, provide		•	ents that reports the
organization's liability for uncertain tax positions under			

Par	rt XI Reconciliation of Reven	ue per Audited Financial Stat	ements With Revenu	e per Return.	
	Complete if the organization and	wered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other suppor	per audited financial statements		1	
2	Amounts included on line 1 but not on	Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investr	nents	2a		
b	Donated services and use of facilities		2b		
С	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.)		2d		
е	J				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part V	III, line 12, but not on line 1:	1 1		
а	·	, , , , , , , , , , , , , , , , , , , ,			
b			4b		
C					
5 Dai	Total revenue. Add lines 3 and 4c. (This				
Fai		•	-	ses per neturn.	
_		wered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited			1	
2	Amounts included on line 1 but not on	, ,	2a		
a b					
C	, ,				
d					
				2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX				
a			4a		
b		, , , ,			
С				4c	
5	Total expenses. Add lines 3 and 4c. (The				
Pai	rt XIII Supplemental Information	on.			
	vide the descriptions required for Part II, I s 2d and 4b; and Part XII, lines 2d and 4b		•	art V, line 4; Part X, line 2; Part	XI,

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Employer identification number 61-1516132

			-		7	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custody from activity fundraiser to (or retained				(vi) Amount paid to (or retained by) organization
		Yes	No			
otal						
List all states in which the organizatio or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

61-151613<u>2 Page 2</u> Schedule G (Form 990 or 990-EZ) 2016 SONGS FOR KIDS FOUNDATION INC 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 NONE (add col. (a) through CONCERTS FOODFEST col. (c)) (event type) (event type) (total number) 163,742. 51,555. 215,297. Gross receipts 104,459. 104,459. 2 Less: Contributions 59,283. 51,555. 110,838. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 18,294. 16,889. 35,183. 9 Other direct expenses $\overline{35}, 183.$ **10** Direct expense summary. Add lines 4 through 9 in column (d) 75,655. 11 Net income summary. Subtract line 10 from line 3, column (d) 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 evenue bingo/progressive bingo col. (a) through col. (c))

	_									
		ere any of the organization's gaming licenses re Yes," explain:					ear?		Yes	□ No
~										
		he organization licensed to conduct gaming ac No," explain:							Yes	No
		ter the state(s) in which the organization condu								
	8	Net gaming income summary. Subtract line 7	from line 1, col	<u>umn (d)</u>			<u></u>			
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	6	Volunteer labor	No No		res No	70	No No	70		
	5	Other direct expenses	Yes	% [Yes	%	Yes	%		
Dire	4	Rent/facility costs								
ct Ex										
Direct Expenses	3	Noncash prizes								
S	2	Cash prizes								
	1	Gross revenue								

Sch	edule G (Form 990 or 990-EZ) 2016 SONGS FOR KIDS FOUNDATION INC 61-1	ЭТО	<u> 134</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	O 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	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An 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	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
С	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			Yes	☐ No
L	retain the state gaming license?		163	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Рa	organization's own exempt activities during the tax year \$\bigs\\$ \$ TIV Supplemental Information. Provide the explanations required by Part I. line 2b, columns (iii) and (v); and Part III, line		Ob 10	h 15h
ı a	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lir 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ies 9,	90, 10	D, 15D,

Schedule G	i (Form 990 or 990-EZ)	SONGS FOR	KIDS	FOUNDATION	INC	61-1516132	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	mation (continued	d)				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Employer identification number 61-1516132

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
YEAR ROUND TO CHILDREN'S HOSPITALS AND SPECIAL NEEDS KIDS CAMPS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED TO THE OFFICERS FOR REVIEW AND APPROVAL
BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS CURRENTLY UNDER
DEVELOPMENT AND WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST UPON
COMPLETION OF THE DOCUMENT.