Form **990-EZ** 

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

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

_						
Α	For th	he 2015 caler	ndar year, or tax year beginning , and en	nding		
В		if applicable:	C Name of organization		D Employer ic	dentification number
	Addres	ss change	AUTISM & MUSIC INC			
	Name	change	Number and street (or P.O. box, if mail is not delivered to street address)	om/suite	46	6-5646480
	Initial re	eturn	9835 COSTA DEL SOL BLVD		E Telephone n	umber
	Final retu	urn/terminated	City or town State ZIP code			
	Amend	ded return	DORAL FL 33178		(78	6) 510-9093
	Applica	ation pending	Foreign country name Foreign province/state/county Foreign post	stal code	F Group Exe	mption
	,				Number ▶	,
_	A		V Oach Account Other (coacit)		011-	:f 4l
G		nting Method:	X Cash Accrual Other (specify) ►			if the organization is
		ite: ► <u>N/A</u>				o attach Schedule B 0-EZ, or 990-PF).
J	Tax-exe	empt status (ch	eck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	(1 01111 990, 99	U-LZ, 01 990-F1 ).
K	Form o	of organization	: X Corporation Trust Association Other			
		_	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	or if total ass	ente	
-			pelow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			28,396
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			
	u1 C 1		the organization used Schedule O to respond to any question in the			
_						
	1		ns, gifts, grants, and similar amounts received			8,489
	2		ervice revenue including government fees and contracts			19,907
	3		ip dues and assessments			
	4		t income		. 4	
	5a		ount from sale of assets other than inventory			
	b		or other basis and sales expenses	`		0
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	)	. 5c	0
	6	_	nd fundraising events me from gaming (attach Schedule G if greater than			
<u> </u>	а		6a			
Revenue	b		me from fundraising events (not including \$ of contrib	outions		
ě			aising events reported on line 1) (attach Schedule G if the	Julions		
œ			th gross income and contributions exceeds \$15,000) <b>6b</b>			
	С		et expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		
	_			Jabuat	6d	0
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7с	0
	8		nue (describe in Schedule O)		. 8	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		.▶ 9	28,396
	10		I similar amounts paid (list in Schedule O)			
	11	Benefits pa	aid to or for members		. 11	170
S	12		ther compensation, and employee benefits			2,500
Expenses	13	Profession	al fees and other payments to independent contractors		. 13	3,311
be	14	Occupancy	y, rent, utilities, and maintenance		14	562
Ж	15	Printing, pu	ublications, postage, and shipping		. 15	137
	16	Other expe	enses (describe in Schedule O)		. 16	12,741
	17	Total expe	enses. Add lines 10 through 16	<u></u> .	. ► 17	19,421
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		. 18	8,975
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must ag	gree with		
Asi			r figure reported on prior year's return)		. 19	
et	20		nges in net assets or fund balances (explain in Schedule O)			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. 🕨 21	8,975

**AUTISM & MUSIC INC** 46-5646480 Page 2 Part II Balance Sheets. (see the instructions for Part II) (A) Beginning of year (B) End of year 22 5,463 23 Other assets (describe in Schedule O) . . . . . . . 24 3,512 0 25 25 8,975 Total liabilities (describe in Schedule O) . . . . . . . . . 26 Net assets or fund balances (line 27 of column (B) must agree with line 21). 0 27 8,975 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III. . . . . . . **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. ) If this amount includes foreign grants, check here . . . . . . ) If this amount includes foreign grants, check here . . . . . . (Grants \$ 29a ) If this amount includes foreign grants, check here . . . . . . ) If this amount includes foreign grants, check here . (Grants \$ 0 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) (c) Reportable (d) Health benefits (b) Average (e) Estimated amount of compensation contributions to hours per week (Forms W-2/1099-MISC) (a) Name and title other compensation employee benefit plans, devoted to position (if not paid, enter -0-) and deferred compensation PATRICIA KAYSER **PRESIDENT** 20.00 2,500 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK

Hr/WK

Hr/WK

Hr/WK

	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	is Pai		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			\ \
0.4	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	24		_
25.0	change on Schedule O (see instructions)	34		Х
ss a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		^
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file <b>Form 1120-POL</b> for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			.,
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
A	4955, and 4958			
u	40c reimbursed by the organization			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ► FL			
	The organization's books are in care of ► PATRICIA KAYSER Telephone no. ►	786) 5	10_90	93
<b>7</b> 2 u			710 00	<u> </u>
	Located at ▶ 9835 COSTA DEL SOL BLVD City DORAL ST FL ZIP + 4 ▶ 331			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:   See the instructions for executions and filling requirements for FinCFN Form 1114. Persent of Foreign Bank and			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
~	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
C	If "Yes," enter the name of the foreign country:	420		
40	· · · · · · · · · · · · · · · · · · ·			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			- NO
44 -	Did the experimetion maintain any department of the device the compact time of the compact time.		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	440		V
<b>L</b>	completed instead of Form 990-EZ	44a		Х
D	completed instead of Form 990-EZ	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	776		^
u	explanation in Schedule O	44d		Х
45 a	·	45a		X
45 b		154		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		Х

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

Form 99	90-EZ (2015)	AUTIS	SM & MUSIC INC						46-56464	80	Page 4
										Yes	No
46						ctivities on behalf of o			40		
Part			e? if "Yes," comple organizations on		art I				. 46		Х
rait					tions 4	7–49b and 52, and	complete	the tables	for lines	s	
	50 and	51.	-	•			•				
	Check	if the organiz	ation used Sche	dule O to respon	d to an	y question in this Pa	art VI .				
										Yes	No
47	_				-	i) election in effect du	-				.,
40	•	•									X
48 49 a	-					es," complete Scheduted organization?					X
	•		•	•							X
50		•		•		oyees (other than offi				3y	
	employees) w	ho each receiv	ed more than \$100	0,000 of compensa	ation fro	m the organization. If	there is n	one, enter "	None."		
	(a) Name	and title of each er	nployee	(b) Average hours per wee devoted to posit		(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plan	th benefits, as to employee s, and deferred ensation	(e) Estima other co	ated amo	
Name	None										
Title				Hr/WK	.00						
Name Title				Hr/WK	.00						
Name											
Title				Hr/WK	.00						
Name Title				Hr/WK	.00						
Name				HI/VVK	.00						
Title				Hr/WK	.00						
f 51	Complete this	table for the o	yees paid over \$10 rganization's five h from the organizati	ighest compensate	ed indep	endent contractors w	/ho each r	eceived mo	re than		
	<b>(a)</b> Nan	ne and business a	ddress of each independ	dent contractor		(b) Type of servi	ce	(с	) Compensa	ation	
Name	None		Str								
City			ST	ZIP							
Name											
City Name			ST Str	ZIP							
City			ST	ZIP							
Name			Str								
City			ST	ZIP							
Name			<u>St</u> r								
		-	endent contractors	-			·				
52	completed Sch	•	te Schedule A? <b>No</b>		· · ·	rganizations must atta	ach a 		►X Ye	es	No
						es and statements, and to the nich preparer has any know		knowledge an	d belief, it is	i 	
									3/4/2016		
Sign		gnature of officer					Dat				
Here		ATRICIA KAY					PF	RESIDENT			
D-··	Print/	Type or print name a		Preparer's sign	nature	Date		a . $\Box$	PTIN		
Paid	A	NA M FOCIL				08	/05/2016	Check self-employed	if P015	598958	3
-	oarer	s name 🕨	AFW & ASSOCIA	TES CORP		•	Fir	m's EIN ▶	45-2490	3817	
		s address ►	10065 NW 86 TE				Ph	one no. 30	<u>5-282-75</u>		
May t	he IRS discuss	this return wit	h the preparer sho	wn above? See in	structior	ns			►	es	No

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **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.

2015

Open to Public Inspection

Employer identification number

<u>AUT</u>	<u>ISM</u>	& MUSIC INC					46-56	<u>46480                                   </u>					
Par	tΙ	Reason for Public Chari	ity Status (All org	janizations must cor	nplete th	is part.) 🤄	See instructions.						
The	orga	anization is not a private founda											
1		A church, convention of church	nes, or association	of churches described	l in <b>sectio</b>	on 170(b)	(1)(A)(i).						
2		A school described in $\boldsymbol{section}$	170(b)(1)(A)(ii). (A	attach Schedule E (Fo	rm 990 or	990-EZ).	)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local govern	nment or governme	ental unit described in	section 1	70(b)(1)(	A)(v).						
7	Χ	An organization that normally r described in <b>section 170(b)(1</b> )			rom a gov	ernmenta	al unit or from the ge	eneral public					
8	П	A community trust described in		*	ırt II.)								
9		An organization that normally receipts from activities related support from gross investment acquired by the organization a	receives: (1) more to its exempt function income and unrelated	han 33 1/3% of its sur ons—subject to certai ited business taxable	port from n exception income (le	ons, and (	2) no more than 33 n 511 tax) from bus	1/3% of its					
10		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).						
11		An organization organized and of one or more publicly suppor Check the box in lines 11a thro	ted organizations d	escribed in section 5	09(a)(1) o	or section	1 509(a)(2). See se	ction 509(a)(3).					
а		Type I. A supporting organia the supported organization organization. You must co	s) the power to reg	ularly appoint or elect									
b		Type II. A supporting organ control or management of the organization(s). You must	ne supporting orgar	nization vested in the									
С		Type III functionally integrits supported organization(s						tegrated with,					
d		Type III non-functionally integrated that is not functionally integrated requirement (see instruction	rated. The organiza	ation generally must sa	atisfy a dis	stribution r	requirement and an						
е		Check this box if the organize functionally integrated, or Ty	zation received a w	ritten determination from	om the IR	S that it is		ype III					
f		Enter the number of supported						0					
g		Provide the following information	n about the suppor	ted organization(s).									
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))		organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
(E)													
Tota	I						0	0					

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

<b>5</b> e	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3	0	0	0	0	0	0
6	of the amount shown on line 11, column (f)						0
	Public support. Subtract line 5 from line 4.						0
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	, , , , , , , , , , , , , , , , , , ,	0	0	0		0	0
8	Amounts from line 4	0	0	0	0	U	0
	sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the organization, check this box and stop here.	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	` '	· · · · •
	ction C. Computation of Public Sup	•					
	Public support percentage for 2015 (line 6, co					14	0.00%
	Public support percentage from 2014 Schedu					15	0.00%
	33 1/3% support test—2015. If the organiza and stop here. The organization qualifies as 33 1/3% support test—2014. If the organiza	a publicly support	ed organization .				<b>&gt;</b>
	box and <b>stop here.</b> The organization qualifie						. □
17a	10%-facts-and-circumstances test—2015. is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	If the organization s the "facts-and-circumstance	did not check a borcumstances" test, es" test. The organ	ox on line 13, 16a, check this box an ization qualifies a	or 16b, and line 14 d <b>stop here.</b> Expla s a publicly support	I ain in ted	
b	10%-facts-and-circumstances test—2014. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization	eets the "facts-and s-and-circumstance	l-circumstances" te es" test. The orgar	est, check this box nization qualifies as	and <b>stop here.</b> E s a publicly		▶□
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		-
	instructions						<b>▶</b> X

Page 3

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						C
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						C
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						C
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						C
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						C
С	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6.)						C
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	C
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						C
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						C
С	Add lines 10a and 10b	0	0	0	0	0	C
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						C
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0		0	C
14	First five years. If the Form 990 is for the org			-			. —
	organization, check this box and <b>stop here</b> .						▶ 🔼
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2015 (line 8, co		•			15	0.00%
16	Public support percentage from 2014 Schedu					16	0.00%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2015 (line	10c, column (f) di	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2014 Sc	chedule A, Part III,	line 17			18	0.00%
19a	33 1/3% support tests—2015. If the organiz	ation did not check	the box on line 14	1, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and $\boldsymbol{s}$	-			-		
b	33 1/3% support tests—2014. If the organiz						
	line 18 is not more than 33 1/3%, check this b	-	=				
20	Private foundation. If the organization did no	ot check a hov on	line 14 10a or 10l	n check this how	and see instruction	2	► X

Voc No

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

- 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.
- 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 support 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," answ (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 11a or 11b 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 use 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?
- 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.
- 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).
- 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.)

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization?	11a 11b		
b	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	1110		
0000	ion D. Type i Supporting Significations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Socti	the supported organization(s). ion D. All Type III Supporting Organizations			
Seci	ion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( see in	ıstruc	tions	):
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 (s	ee ins	tructio	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
a	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng tr	ust on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	ompl	ete Sections A through E.	
Section 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	0	(
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	0	C
Section 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e 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	0	C
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	C
6 Multiply line 5 by .035	6	0	C
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section 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		C
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		C
4 Enter greater of line 2 or line 3	4		C
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		(

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule	e A (Form 990 or 990-EZ) 2015 AUTISM & MUSIC INC		46	6-5646480 Page	e <b>7</b>			
Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)					
Section	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	cempt purposes						
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo							
	Amounts paid to acquire exempt-use assets							
5	5 Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.				0			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2015 from Section C, line 6				0			
10	Line 8 amount divided by Line 9 amount			0.00	00			
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	<b>,</b>			
1	Distributable amount for 2015 from Section C, line 6				0			
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а	, , , , , , , , , , , , , , , , , , , ,							
b								
С								
	From 2013							
	From 2014							
	Total of lines 3a through e	0						
	Applied to underdistributions of prior years		0					
	Applied to 2015 distributable amount				0			
i	Carryover from 2010 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0						
4	Distributions for 2015 from Section							
	D, line 7: \$ 0							
а	Applied to underdistributions of prior years		0					
b	Applied to 2015 distributable amount				0			
С	Remainder. Subtract lines 4a and 4b from 4.	0						
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).		0					
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).				0			
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.	0						
8	Breakdown of line 7:							
а								
b								
С	Excess from 2013 0							
	Excess from 2014 0							
е	Excess from 2015							

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8,489

8 Miami Foundation Grant

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11 Total