Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For ti	ne 2021 calen	dar year, or tax year begin	ning 9/01	, 2021,	and ending	1 8/	31	, ,	20 2022	
В	Check	if applicable:	С					D Employ	er identifi	cation number	
	Ad	ddress change	WASHINGTON STATE	MUSIC TEACHERS				91-0	60560	91	
		ame change	ASSOCIATION					E Telepho			
		itial return	12525 MADISON AV	E NE				206.	-734-	0005	
			BAINBRIDGE ISLAN					206	-734-	0903	
		nal return/terminated		•							
	Ar	mended return	<u> </u>					G Gross re			<u>,428.</u>
	Ap	oplication pending	F Name and address of principa	officer: KATHRYN MOR	ΓENSEN		` '	a group return		103	X _{No}
			1515 NE 96TH ST	SEATTLE, WA 9811	5		l(b) Are all	l subordinates " attach a list.	included?	Yes Yes	No
I	Tax-	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	11 140,	attacii a iist.	000 11150	actions.	
J			W.WSMTA.ORG				(c) Group	exemption nu	ımber ►		
K		n of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	• •			gal domicile: WA	
	art I	Summar		7 ISSOCIATION OTHER		car or formatio	1)1	J III 0	tate of leg	gar dominene. WY	7
1 6	1		ibe the organization's missi	on or most significant act	ivities·TO	DD∩M∩ͲϜ	тиг	7 DT 7 NT	D KNC	WIEDCE O	F
	'		PROVIDING EDUCAT								<u>-</u>
9			OUT WASHINGTON STA		INAI FUI	VIUEV II	IL ALI	LKECIAI	TON .	OF MOSIC	
٦		Inkougho	OI WASHINGTON SIA	7TE.							
e l	2	Charle this he	ox ► if the organization	a discontinued its energic	no or diana		o than C	DE 0/ of ito			
်			oting members of the gover						1181 ass	eis.	16
∘ŏ			dependent voting members						4		16 15
es	5		r of individuals employed in						5		15
₹	6		r of volunteers (estimate if						6		120
Activities & Governance	7a		ed business revenue from F						7a		0.
~			d business taxable income						7b		0.
	_	Tiot am diator	a susmoss taxasis mosms					Prior Year	7.5	Current Y	
	8	Contributions	and grants (Part VIII, line	1h)				42,1	07		,051.
ne	9		vice revenue (Part VIII, line					92,3			,376.
Revenue	10		ncome (Part VIII, column (A					24,4			,238.
è	11		ie (Part VIII, column (A), lir							40	,230.
_	12		e – add lines 8 through 11					159,0	16.	102	,665.
	1							•			•
	13		imilar amounts paid (Part I					11,6	30.	25	,028.
	14		I to or for members (Part I)								
S	15	Salaries, other	er compensation, employee	e benefits (Part IX, columi	n (A), lines	5-10)		38,7	63.	45	,163.
Se	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)							
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ►							
Щ	17		ses (Part IX, column (A), lir					81,2	20	120	,195.
			es. Add lines 13-17 (must e								
								131,6			,386.
	19	Revenue less	s expenses. Subtract line 1	8 from line 12				27,4			,721.
s or			(D. 1.)(); 16)					ng of Curren		End of Ye	
set	20		(Part X, line 16)					1,119,1	_	1,036	,816.
Net Assets Fund Baland	21	rotai liabilitie	es (Part X, line 26)						0.		0.
		Net assets or	r fund balances. Subtract li	ne 21 from line 20			1	1,119,1	56.	1,036	,816.
Pa	art II	Signatur	re Block								
Und	er penal	Ities of perjury, I de	eclare that I have examined this retu arer (other than officer) is based on	rn, including accompanying sched	ules and statem	nents, and to th	e best of n	ny knowledge	and belief	f, it is true, correc	t, and
com	plete. D	eclaration of prepa	arer (other than officer) is based on	all information of which preparer h	as any knowled	lge.					
Sig	nc	Signatu	ire of officer				Da	ate			
He	re	► MAR	Y GRANT				TREA	SURER			
			r print name and title				тишт	БОПШП			
		Print/Type p	oreparer's name	Preparer's signature		Date		Check	if P	TIN	
ь.	:	DEREK	•	DEREK MOODY				_	」 "	01901369	,
Pa					D C	<u> </u>		self-employe	u F	01301303	-
rr U^	epare se On	1		KELSEN & ADAMSON	r 5			-		1001010	
US	e Un	Firm's addre						Firm's EIN		1321048	
_			KENNEWICK, WA					Phone no.	(509	11	
Ma	y the I	IRS discuss th	nis return with the preparer	shown above? See instru	ctions					X Yes	No

Par		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROMOTE THE ART AND KNOWLEDGE OF MUSIC BY PROVIDING EDUCATIONAL PROGRAMS	<u> </u>
	FURTHER THE APPRECIATION OF MUSIC THROUGHOUT WASHINGTON STATE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_
	Form 990 or 990-EZ?	Yes X No
	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 measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.	total expenses,
	and revenue, if any, for each program service reported.	
	(O-d)	0.4.000
4 a	(Code:) (Expenses \$ 168,714. including grants of \$ 25,028.) (Revenue \$	94,327.)
	THE ORGANIZATION PROVIDES EDUCATIONAL, PERFORMANCE, AND COMPETITIVE EXPERIE	ENCES FOR
	MUSIC STUDENTS.	
4 b	(Code:) (Expenses \$12,006. including grants of \$) (Revenue \$)	203.)
	THE ORGANIZATION PROVIDES A NETWORK OF COMMUNICATION TO MEMBERS TO DISCUSS	<u>VARIOUS</u>
	ACTIVITIES, EVENTS, INFORMATION, AND CONTACT INFORMATION.	
	(Only) \(\sigma_{\text{constraint}} \text{ \sigma_{\text{constraint}} \(\sigma_{\text{constrain	00.046.)
4 C	(Code:) (Expenses \$11,803. including grants of \$) (Revenue \$	23,846.)
	THE ORGANIZATION HOLDS ORGANIZED GROUP MEETINGS SUCH AS LOCAL CHAPTER MEET	LNGS,
	DISTRICT CONFERENCES, AND STATE CONFERENCES.	
	1 Other program convices (Describe on Schodule O.)	
4 d	d Other program services (Describe on Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	e Total program service expenses ► 192,523.	

Form 990 (2021) WASHINGTON STATE MUSIC TEACHERS 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a		X
t	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.	11 b		X
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) WASHINGTON STATE MUSIC TEACHERS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25	a 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		Χ
	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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
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? <i>If 'Yes,' complete Schedule R, Part l</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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Χ
38	Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt 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		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	110
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
DΛ.	TEFA0104L 09/22/21	F	oon /	2021

Form 990 (2021) WASHINGTON STATE MUSIC TEACHERS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	1 If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 -	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
١	services provided to the payor?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			37
	Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
Ġ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ļ	
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.0		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If 'Yes,' complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
1/	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 6 Χ Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O. 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records MARY GRANT 12525 MADISON AVE NE BAINBRIDGE ISLAND WA 98110 206-734-8985

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

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

			(C)								
	(A) Name and title	(B) Average hours per	director/trustee)					on	Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-Ź/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1)	CARRIE KAHLER	20_									_
	ADMIN COORDINAT	0	X		Χ				25,794.	0.	0.
(2)	MARY GRANT TREASURER	_ <u>5</u> _ 0	Х		Χ				4,000.	0.	0.
(3)	JASON KUO	5							,		
	MUSIC ARTISTRY	0	Χ						4,000.	0.	0.
(4)	KATHRYN MORTENSEN	2									
	PRESIDENT	0	Χ		Χ				3,000.	0.	0.
(5)	SAMANTHA YEUNG	2									
	CLARION EDITOR	0	Χ						2,500.	0.	0.
(6)	COLLEEN HUNTER	_ 1									
	PRESIDENT ELECT	0	X		Χ				1,000.	0.	0.
(7)	KRISTA SEELY	1									
	EDUCATION CHAIR	0	X						500.	0.	0.
(8)	KIRA MILLER	_ 1									_
	VICE PRESIDENT	0	X		Χ				500.	0.	0.
(9)	AMANDA HARRIS	1									•
(10)	DISTRICT II VP	0	X						0.	0.	0.
(10)	SELAH NEWKIRK	$-\frac{1}{2}$	37						0	0	0
/11\	DISTRICT IV VP	0	Χ						0.	0.	0.
(11)	KAY ZAVISLAK DISTRICT I VP	$-\frac{1}{0}$	v						0	0	0
(12)	SUSAN SPEICHER	0 1	X						0.	0.	0.
(12)	DISTRICT III VP	0	Х						0.	0.	0.
(13)	PRETA LAUGHLIN	1									
	DISTRICT V VP	0	Χ						0.	0.	0.
(14)	MARGO COX	1									
	DISTRICT VI VP	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Tru		ney	Em			es,	and	Hignest Com	pensated Empl	oyees	(conti	nued)
	(B)			(C	•							
(A)	Average (do not check more than one hours box, unless person is both an						one h an	(D) Reportable	(E) Reportable		(F)	
Name and title	per week			nd a d	direct	or/trus	tee)	compensation from	compensation from related organizations	C	ated amo	
	(list any hours	or d	ilsni	Officer	Key	Highest co employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation rganizati	ion
	for related	dividual	utio	cer	emp	lest o	ner				d related anization	
	organiza - tions	Q ₹	nal t		Key employee	omp						
	below dotted line)	ndividual trustee or director	nstitutional trustee		ð	Highest compensated employee						
	ilile)		ਲੱ			ated						
(15) KAREN HOLLENBACK	20											
PAST PRESIDENT	$-\frac{20}{0}$	X		Χ				0.	0.			0.
(16) GREG PRESLEY	1			21				0.	0.			
DISTRICT VII VP	0	X						0.	0.			0.
(17)												
]											
(18)												
(19)												
(00)												
(20)		1										
(21)												
(21)		1										
(22)												
	1											
(23)												
(24)	l											
(25)												
1 b Subtotal							•	41 204	0.			
c Total from continuation sheets to Part VII, Secti	on A							41,294.	0.			0.
d Total (add lines 1b and 1c)								41,294.	0.			0.
2 Total number of individuals (including but not limited						recei	ved			ensatio	1	
from the organization 0				-								
											Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mplo	oyee	e, or	high	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab	le co	mpe	ensa	tion	and	oth	er compensation t	from			
such individual	er (nan \$1		υυ <i>?</i> 		res, 	COIT	трте 	te Scriedule J for		. 4		Х
5 Did any person listed on line 1a receive or accru	e comper	satio	n fr	om	any	unre	late	d organization or	individual			
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	satod ind	onon	dont		ntra	otorc	tha	t received more th	22 \$100 000 of			
compensation from the organization. Report compen	sation for	the c	alen	dar j	year	endi	ng v	vith or within the or	ganization's tax year			
(A) (B) (C)												
Name and business add	ress							Description of	of services	Compe	nsatio	_' n
2 Total number of independent contractors (including by	out not lim	ited to	n thr)Se l	ister	l aho	ve)	Mho received more	than			
\$100,000 of compensation from the organization		.50	,		2.00	220	,					

		Check if Schedule O contains a response	onse or note to any	line in this Part VI	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	34,286.				
Contributions and Other Sir	f g h	All other contributions, gifts, grants, and similar amounts not included above 1 f Noncash contributions included in lines 1a-1f 1 g Total. Add lines 1a-1f	765.	35,051.			
			Business Code	33,031.			
ğ	2 2	WIGIG IDEECEDIA DOCUM		77 265	77 205		
ě			611600	77,365.	77,365.		
œ	b		611710	23,846.	23,846.		
Κįς	C		611600	11,313.	11,313.		
Ser	d		611600	3,889.	3,889.		
Ē	е	STUDENT PROJECTS (611710	1,760.	1,760.		
Program Service Revenue	f	All other program service revenue		203.	203.		
윤	g	Total. Add lines 2a-2f		118,376.			
	3	Investment income (including dividends, in other similar amounts)		39,470.			39,470.
	5	Royalties					
	•	(i) Real	(ii) Personal				
	62	Gross rents 6a	() 1 0.001.01				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a 40,531.					
	h	other than inventory Less: cost or other basis					
	-	and sales expenses 7b 39,763.					
	С	Gain or (loss) 7c 768.					
	d	Net gain or (loss)		768.	768.		
٠,	۰.	Gross income from fundraising events					
Other Revenue	оа	(not including \$ of contributions reported on line 1c).					
ď		See Part IV, line 18 8 a					
Je.	b	Less: direct expenses 8b					
ਰੋ	С	Net income or (loss) from fundraising e	vents ▶				
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activi	ties				
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold 10L					
	С	Net income or (loss) from sales of inver					
S			Business Code				
ଥିବା	11 a	MISCELLANEOUS	611710				
흕嶌	b						
scellaneo Revenue	С						
Miscellaneous Revenue	d	All other revenue					
Σ	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		193.665	119.144.	0	39.470

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	25,028.	25,028.		
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	43,793.	41,214.	2,579.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	Ŭ.	0.	0.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,370.	1,233.	137.	
11	Fees for services (nonemployees):				
á	Management				
ŀ	Legal				
(: Accounting				
(I Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	3,160.		3,160.	
13	Office expenses	4,284.	2,587.	1,697.	
14	Information technology	1,201.	2,507.	1,057.	
15	Royalties.				
16	Occupancy				
17	Travel.	2,032.	1,930.	102.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,032.	1,330.	102.	
19	Conferences, conventions, and meetings	28,628.	28,628.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
á	MUSIC ARTISTRY	78,410.	78,410.		
	MTNA COMPETITION	5,660.	5,660.		
	OAC COMPETITION	3,302.	3,302.		
	YOUNG COMPOSERS PROJECT	2,183.	2,183.		
	All other expenses	2,536.	2,348.	188.	
25	Total functional expenses. Add lines 1 through 24e	200,386.	192,523.	7,863.	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)				

Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Reginning of year	(B) End of year

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	35,640.	1	24,733.
	2	Savings and temporary cash investments	45,812.	2	70,134.
	3	Pledges and grants receivable, net	,	3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
Ø	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.	1,037,704.	11	941,949.
	12	Investments – publicly traded securities. Investments – other securities. See Part IV, line 11.	1,037,704.	12	341,343.
	13	Investments – other securities. See Fart IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33).	1,119,156.	16	1,036,816.
	10	Total assets. Add lines 1 through 15 (must equal line 35)	1,117,130.		1,030,010.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
コ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
Ø		Organizations that follow FASB ASC 958, check here ►	<u> </u>		<u> </u>
8		and complete lines 27, 28, 32, and 33.			
<u>ā</u>	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
Ø	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds	1,119,156.	31	1,036,816.
Ž	32	Total net assets or fund balances	1,119,156.	32	1,036,816.
ž	33	Total liabilities and net assets/fund balances.	1,119,130.	33	1,030,810.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)		19	93,6	65.
2	Total expenses (must equal Part IX, column (A), line 25).				886.
3	Revenue less expenses. Subtract line 2 from line 1		_	-6,7	/21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,11	19,1	.56.
5	Net unrealized gains (losses) on investments. 5				519.
6	Donated services and use of facilities			•	
7					
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				0.
10			1 01		11.0
Da	column (B)) 10 Int XII Financial Statements and Reporting	1	1,03	36,8	<u> </u>
Га	. ,				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
_				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	— I			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	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				
•	c 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?		2 c		
			20		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
-	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
3AA	TEEA0112L 09/22/21		Form	990 ((2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name	of the orga	MADITINGTON	N STATE MUSIC	TEACHERS			Employer identific	ation number
		ASSOCIATIO					91-605609	
Par		ason for Public Ch						ctions.
	ř.	tion is not a private four				•	•	
1		nurch, convention of church	,			b)(1)(A)((i).	
2	_	chool described in section		•				
3	_	ospital or a cooperative					• • •	
4	ш	nedical research organiz ne, city, and state:	ation operated in conj	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	Inter the hospital's
5	An e	organization operated fo	or the benefit of a collection	ege or university owned	or oper	ated by	a governmental unit de	escribed in
6	A fe	ederal, state, or local go	vernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	An o	organization that normally ection 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8	A co	ommunity trust describe	d in section 170(b)(1)	(A)(vi). (Complete Part	II.)			
9	=	agricultural research organ				oniunctio	on with a land-grant colle	eae
	or u	niversity or a non-land-graversity:				-	-	_
10	inve	organization that norman activities related to its estment income and unrue a 30, 1975. See section	elated business taxab	le income (less section	oort from ons; and 511 tax)	n contrib (2) no r) from b	outions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after
11	An	organization organized a	and operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).	
12	or n	organization organized a nore publicly supported s 12a through 12d that o	organizations describe	ed in section 509(a)(1) (or sectio	n 509(a)(2). See section 509(a	ut the purposes of one ()(3). Check the box on
а	Type	e I. A supporting organizar enization(s) the power to r oplete Part IV, Sections	tion operated, supervise equiarly appoint or elec	ed, or controlled by its su	ported o	organizat	ion(s), typically by givino	g the supported on. You must
b	mar	e II. A supporting organ agement of the supportine st complete Part IV. Sec	g organization vested ir	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
С	Type	e III functionally integrated anization(s) (see instruc	d. A supporting organiza	ition operated in connection	n with, a A. D. an	nd function	onally integrated with, its	supported
d	Typ	e III non-functionally inter tionally integrated. The ructions). You must con	grated. A supporting organization generall	ganization operated in coly must satisfy a distribu	nnection tion rea	with its	supported organization(s t and an attentiveness) that is not requirement (see
е	Che	ck this box if the organi grated, or Type III non-f	zation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
f		he number of supported						
_		e the following information		ed organization(s).				
	(i) Name of	supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza	s the tion listed loverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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	tion A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization'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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).								
	Total support. Add lines 7 through 10								
	Gross receipts from related activ	,	,			<u> </u>	2		
	First 5 years. If the Form 990 is organization, check this box and			, third, fourth, or f	ifth tax year as a	section 501(c)	(3)		
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	. 11 (6)	<u> </u>				
14 15	Public support percentage for 20 Public support percentage from 5	∠ı (ıirie ö, columi 2020 Schedüle A	n (i), divided by li Part II, line 14	irie II, column (f))			<u>%</u> %	
	Public support percentage from 2020 Schedule A, Part II, line 14								
b	b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	. Explain in P	art VI I	how	
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstances	s test, check this I	box and stop here	. Explain in P	art VI I	how the	
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see	instru	ctions ►	

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	,	,			
	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	45,299.	50,399.	43,779.	42,187.	35,051.	216,715.
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.			·	91,815.		
3	Gross receipts from activities that are not an unrelated trade	171,218.	162,444.	119,126.	91,815.	118,173.	662,776.
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	216,517.	212,843.	162,905.	134,002.	153,224.	879,491.
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.			0.			
•	Add lines 7a and 7b	0.	0.		0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	0. 879,491.
Sec	tion B. Total Support						013/131.
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	216,517.	212,843.	162,905.	134,002.	153,224.	879,491.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,402.	52,435.	37,107.	23,907.	39,470.	190,321.
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	27.402	F2 42F	27 107	22 007	20 470	0.
	Net income from unrelated business activities not included on line 10b, whether or not the business is	37,402.	52,435.	37,107.	23,907.	39,470.	190,321.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	1,401.	1,628. 1,654.	765. 409.	523. 116.	203.	4,520. 2,872.
13	Total support. (Add lines 9, 10c, 11, and 12.)	256,013.	268,560.	201,186.	158,548.	192,897.	1,077,204.
14	First 5 years. If the Form 990 is a organization, check this box and	for the organizatio	n's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	. 🗆
Sec	tion C. Computation of Pul	blic Support Po	ercentage				
15	Public support percentage for 20	•					81.65 %
	Public support percentage from 2					16	82.56 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	!			
17	Investment income percentage for	or 2021 (line 10c,	column (f), divide	ed by line 13, colu	ımn (f))		17.67 %
18	Investment income percentage fi					<u> </u>	16.14 %
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check 33-1/3% support tests— 2020. If t	this box and stop	here. The organi	ization qualifies a	is a publicly suppo	orted organization	► <u>X</u>
	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box a	nd stop here. The	e organization qu	alifies as a publicl	y supported organ	nization ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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			
За	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	2 3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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			
b	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

Par	t IV	Supporting Organizations (continued)			
11	Hac f	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	ion	B. Type I Supporting Organizations		1	
1	Did ti	the governing heady members of the governing heady officers esting in their official capacity or membership of one		Yes	No
1	or mo office organ than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's eres, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		ng the tax year.	1		
2	that of bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such stift carried out the purposes of the supported organization(s) that operated, supervised, or controlled the norting organization.	2		
Sec	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			
	supp	ach of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	organ	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, orgar	, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	\Moro	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organ	reflections or distributions on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a significant			
3	voice	e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in thi	is regard.	3		
Sec	ion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Пт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo orga respo	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted	2-		
	subs	tantially all of its activities.	2a		
b	more	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did to each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
b		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2021 WASHINGTON STATE MUSIC TEACHERS	5	91-60	56091	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current \((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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current \((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):				
	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
(Fair market value of other non-exempt-use assets	1c			
(Total (add lines 1a, 1b, and 1c)	1d			
•	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			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Ye	ar
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2021

Pa	\mathbf{r} t V \mathbf{V} Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
	•	! !	

Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

91-6056091

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Part VI

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2021	-	2020	2019	_	2018		2017
MISCELLANEOUS INCOME TOTAL	\$ 0.	\$	116. 116.	\$ 409. \$ 409.	\$ \$	1,654. 1,654.	\$ \$	693. 693.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON STATE MUSIC TEACHERS

Employer identification number 91-6056091

	ASSOCIATION		-				91-605609	1
Part I Genera	I Information on Gra	ants and Assista	nce					
1 Does the organ the selection	nization maintain records to criteria used to award the	substantiate the amo grants or assistance	ount of the grants or e?	assistance, the grantees'				X Yes No
2 Describe in Pa	rt IV the organization's prod	cedures for monitoring	the use of grant fu	inds in the United States.				
	and Other Assistan							
Form 9	90, Part IV, line 21,	for any recipient	that received r	more than \$5,000. F	Part II can be dupli	cated if additional	space is needed	J.
1 (a) Name and or	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
<u>(4)</u>								
(5)								
(6)								
(Z)								
<u>(7)</u>								
(8)								
	mber of section 501(c)(3)		-	in the line 1 table				0
2 Enter total nu	imber of other organization	ne lieted in the line	1 tahla				▶	0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 STUDY GRANT	9	9,400.			
2 TRAVEL GRANT	64	4,584.			
3 COMPETITION PRIZE	13				
4 CERTIFICATION GRANTS	1	100.			
5 CONFERENCE GRANTS	13	8,269.			
6 OUTSTANDING ARTIST GRANT	6	1,275.			
7 STUDENT ENRICHMENT	9	1,015.			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

BAA Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-F7

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON STATE MUSIC TEACHERS ASSOCIATION

Employer identification number

91-6056091

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE POLICY REQUIRES THAT EACH OFFICIAL PROVIDE WRITTEN DISCLOSURE REGARDING POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ADMINISTRATIVE COORDINATOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS USING AVAILABLE DATA REGARDING SIMILAR POSITIONS WITH VARIOUS OTHER STATE MUSIC TEACHERS ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THIS INFORMATION IS AVAILABLE ON THE WASHINGTON STATE MUSIC TEACHERS ASSOCIATION WEBSITE.