(20)))))	i)			949	2()	68	00213 9
	- O,	/		Short Form				OMB No. 1545-1150
	Form	<u> </u>	10-EZ	Return of Organization Exempt From Inco	ome T	ax		2017
	т ОП 5			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except			tions)	∕∠⋓∎∎
	`		-			lia		Open to Public
	Dens	artment c	of the Treasury	Do not enter social security numbers on this form as it may be n) (5P1	Inspection
			nue Service	Go to www.irs.gov/Form990EZ for instructions and the latest in	nformatio	on. (°		
	ĀF	or the	2017 calend	ar year, or tax year beginning October 1 , 2017, and e			tembe	
		Check If a		C Name of organization		D Empl	loyer id	entification number
	=	Address o	-	Building Leaders Using Music Education in Haiti, Inc.	n/suite	C. Talar		0-0784576
	=	Name cha Initial retu	•		/ Suite	E Telep		
	5		n/terminated	1028 E. Greentree Ct. City or town, state or province, country, and ZIP or foreign postal code		F 0		0-809-8674
	\equiv	Amended			5		nper	mption ►
			n pending ting Method:	Appleton, WI 54915 ✓ Cash Accrual Other (specify) ►	in the second second			f the organization is not
		Vebsite	•	blumehaiti.org				ach Schedule B
								D-EZ, or 990-PF).
				Corporation □ Trust □ Association □ Other			· · · · ·	<u> </u>
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, of	or if total	assets		
	(Par	rt II, col	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	► \$	56,966
	Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	ee the i	nstruc	ctions	for Part I)
			Check if	the organization used Schedule O to respond to any question in this	s Part I		<u></u>	<u></u>
		1		ons, gifts, grants, and similar amounts received		• •	1	55,289
		2	-	ervice revenue including government fees and contracts	• • •	•••	2	0
		3		ip dues and assessments......................		• •	3	0
		.4	Investment		•••	•••	4	* 20
5		5a		ount from sale of assets other than inventory 5a		0		
2019		b		or other basis and sales expenses		0		_
1		с 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a Id fundraising events	ay	• •	<u>5</u> c	0
		a		ome from gaming (attach Schedule G if greater than				
APR	e	"				0	,	
A	jen j	Ь	Gross inco		ributions	<u>_</u>		
	Revenue		from fundr	aising events reported on line 1) (attach Schedule G if the				
SCANNED			sum of suc	h gross income and contribution கொல்லாக விடுகள்கள் கால் கால் கால் கால் கால் கால் கால் கால		1,657		
ź		c		t expenses from gaming and fundraising events ي 6c		231		
Ř		d		e or (loss) from ganing and fundraising events add lines 6a and 6b a	and sub	tract		
SC			line 6c) .		•••	•••	6d	1,426
•••		7a		s of inventory, less returns and allowances————————————————————————————————————		0		
		b		of goods soldOGDEN, UT 7b		0		_
		с 8	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a) nue (describe in Schedule O)			7c 8	0
		9		nue (describe in Schedule O)...................... nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	<u> </u>
		10		I similar amounts paid (list in Schedule O)			10	<u> </u>
		11		aid to or for members			11	04,515
	S	12		ther compensation, and employee benefits			12	0
	Expenses	13		al fees and other payments to independent contractors			13	0
	bei	14		y, rent, utilities, and maintenance			14	0
	ŵ	15	Printing, pa	ublications, postage, and shipping		•••	15	188
.;		16		enses (describe in Schedule O)			16	6,525
•		17		enses. Add lines 10 through 16			17	41,228
	ş	18		(deficit) for the year (Subtract line 17 from line 9)			18	15,507
	Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (mus				
	t As			r figure reported on prior year's return)			19	26,903
	Net	20		nges in net assets or fund balances (explain in Schedule O)	•••	•••	20	0
		21 Banon		or fund balances at end of year. Combine lines 18 through 20		. 💌	21	42,410 Form 990-EZ (2017)
	FOR	гареп	WOLK REGUCI	ion Act Notice, see the separate instructions. Cat. No. 10	10421			Form 330-EL (2017)

G-9 [4

Form	990-EZ (2017)					Page 2
Ра	rt II Balance Sheets (see the instructions f	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	<u>Part II</u>	· · ·	<u> D</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[26,903	22	42,410
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[26,903	25	42,410
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	26,903	27	42,410
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🛛 . 🗹		Expenses
What	t is the organization's primary exempt purpose?	To aid music progra	ms and musicians in	Haiti		quired for section (c)(3) and 501(c)(4)
	ribe the organization's program service accompli					anizations; optional for
as m	neasured by expenses. In a clear and concise monos benefited, and other relevant information for ea	anner, describe the				ers.)
28	We provided 100 scholarships for students to attend		in Llaist and mark	lad		Т
20		summer music camp	s in Halu, and provid	lea		
	scholarships for 19 luthiers to pay tuition.					
	(Grants \$ 10.202) If this amount	includes foreign are	nte obeek bore	> 🕅	28a	10.000
00					200	10,202
29	We provided grants to 3 different music schools thro					
	support. This allows the schools to supplement teach	her salaries in schoo	is where most stude	nts cannot afford		
	to pay tuition.				.	
	(Grants \$ 8,299) If this amount			<u> ► </u>	29 a	8,299
30	The second National Orchestra Institute was March 2					
	the Utah Symphony and Blume Haiti. This involved m		ah Symphony comin	g to Haiti to		
	to teach and perform with musicians from all across					
	(Grants \$ 7,535) If this amount	includes foreign gra	ints, check here .	<u> ► </u>	<u>30a</u>	7,535
31	Other program services (describe in Schedule O)					
~~	(Grants \$ 8,479) If this amount				31a	
1	Total program service expenses (add lines 28a t				32	01,010
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to an			·	<u>···</u>
		(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ	88 (6)	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)			other compensation
			(if not paid, enter -0-)	deferred compensation	<u>'</u>	
Janet	Anthony, President					
		20	0		의	0
Linds	ay Schwartz, Treasurer					
		10	0		<u> </u>	0
Jorda	in King, Secretary					
		5	0		<u> </u>	0
Keith	Johnston, Board Member					
		1	0		0	0
Jethr	o Celestin, Board Member					
		11	0		0	0
Mere	Bitticks, Board Member					
		_1	0		0	0
Scott	Harrison, Board Member					
		5	o		0	0
Jacqu	es Anderson Bernier , Board Member					
		1	o		0	0
Oriel	Romano, Board Member	·····				· _ · _ · _ · _ · _ ·
		1	o		0	0
Ricar	do Lesperence, Board Member	•	v	1	⁺	<u>v</u>
vai		3	o		0	0
Mich	e Lachaud, Board Member		v		╧	<u>U</u>
mone	Las, lagu, byaru micilibici	-	_		<u> </u>	~
Niele	Kaalan Baard Mambar	1	0	<u> </u>	0	0
NICK	Keelan, Board Member		_			-
		<u>_</u>	0	L	0	0

	À	łB	D	
Form 99)0-EZ (2017)		F	age 3
Part			e	
<u>`</u>	Instructions for Part V.) Check in the organization used Schedule O to respond to any question in this	Fart	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NU
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 change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	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		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		$\overline{\checkmark}$
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	•		8% + T.S
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		\checkmark
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 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		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			İ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
A	All organizations. At any time during the tax year, was the organization a party to a prohibitod tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed Wisconsin			
42a	······································	248-22		7
F	Located at ► 119 14th Street N, Fargo ND ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	581		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country:	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		$\overline{\checkmark}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
~	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		\checkmark
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			v
u	explanation in Schedule O	44d		- -
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		\checkmark
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	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		\checkmark

	(2017)						1	<u> </u>
							Yes	N
8 Die	d the organization engage, directly or l	ndirectly, in political of	ampaign activities on	behalf of or	n opposi	tion j	120.04	3344
to	candidates for public office? If "Yes,"	complete Schedule C	, Part I			• 46		V
art VI	Section 501(c)(3) organization All section 501(c)(3) organizatio	sonly					or line	es
	50 and 51. Check if the organization used S	obodulo O to respon	t to any question in t	his Part VI				E
							Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	art II			• • •	• 4/		~
- 	Is the omanization a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E	• • •	. 48		_
49a 1	Did the organization make any transfers	to an exempt non-cha	aritable related organiz	ation	• • •	. 400		V
	winders in the related organization at	ection 527 organizati	nn?			. 490		1 4
50 (Complete this table for the organization a employees) who each received more the	's five highest comper	sated employees (oth	er than office	rs, airecto re is none	a. enter "N	one."	<i>)</i> NC
	employees) who each received more that	an \$100,000 of compe		(d) Health b	enefits,			_
	(a) Name and title of each employee	(b) Average hours par week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, ar compense	employee d deferred	(e) Estimate other con	d amou Ipensati	nt of on
None								
		+	+	<u> </u>				
		-			l			
·]		ļ				
		-						
		F	1					
					1			
51 (Total number of other employees paid of Complete this table for the organization	n's five highest comp	ensated independent	contractors	who each	n received	more	th
51 (n's five highest comp ganization. If there is n	ensated independent	<u>r</u>		received		th
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				th
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				- th
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				• th
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				th:
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				• th:
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				th
51 (Complete this table for the organizatio \$100,000 of compensation from the org	n's five highest comp ganization. If there is n	ensated independent one, enter "None."	<u>r</u>				• th:
51 (3	Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe	n's five highest comp ganization. If there is n ndent contractor	ensated independent one, enter "None." (b) Type of serv	<u>r</u>	(c)			th
51 (S Vone d T 52 [Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and (c) Name and	n's five highest comp ganization. If there is n ndent contractor	ensated independent one, enter "None." (b) Type of serv	ice	(c)) Compensat		• th
51 (3 9 None d T 52 [] c	Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each independent (a) Name and business address of each independent (b) Name address of each independent (b) Name address of each independent (c) Name address of each	n's five highest comp ganization. If there is n ndent contractor ractors each receiving dule A? Note: All s	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (hce ►	(c)	0 0 0 .► Ye:	ion	No
51 (3) None d T 52 [d	Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each independent (b) Name and business address of each independent (c) Name address of each	n's five highest comp ganization. If there is n ndent contractor ractors each receiving fule A? Note: All s	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nizations mu	(c)	0 0 0 .► Ye:	ion	
51 (S None S C C C C C C C C C C C C C	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent (b) Name address of each independent cont (b) Name address of business address of busine	n's five highest comp ganization. If there is n ndent contractor ractors each receiving fule A? Note: All s	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (tice	(c)	0 0 0 .► Ye:	ion	
51 (None None Sign	Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (b) Name and business address of each independent (b) Name and business address of each independent (c) Name and (c) Na	n's five highest comp ganization. If there is n ndent contractor ractors each receiving fule A? Note: All s	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (nizations mu	(c)	0 0 0 .► Ye:	ion	
51 (None Sign lere	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and Scherk (c) Name and	n's five highest comp ganization. If there is n ndent contractor ractors each receiving fule A? Note: All s	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (tice	(c) ust attack	0 h 8 .►[] Ye: nowledge an []	ion	
51 (None None Sign lere Paid	Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and business address of each independent (c) Name (c) Name and (c) Name and the construction of preparer (c) Name and t	n's five highest comp ganization. If there is n ndent contractor ractors each receiving dule A? Note: All s 	ensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv (Inizations mu ents, and to the thas any knowled Date	(c)	Compensat	ion	No It is
51 (None None Sign lare	Complete this table for the organization \$100,000 of compensation from the organization \$100,000 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and state of officer (c) Name and business address of pengarer's name (c) Name and business address of pengarer's name (c) Name and Scholz Nonprofit La	n's five highest comp ganization. If there is n ndent contractor ractors each receiving dule A? Note: All s 	(b) Type of serv (b) Type of serv (b) Type of serv (c) Ty	tice	(c) ust attack	Compensat	ion 3 [] [] d bellef, 014807	No it is
51 (S None None T 52 (C O Dinder pen nue, corre Sign Here Paid Prepar	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (a) Name and business address of each independent (b) Name and business address of each independent (c) Name and state (c) Name and the complete of officer (c) Name and the com	n's five highest comp ganization. If there is n ndent contractor ractors each receiving dule A? Note: All s s return, including accompa an officer) is based on all int Preparer's signature 	(b) Type of serv (b) Type of serv (b) Type of serv (c) Ty	tice	(c)	Compensat	ion 3 [] d belief, 014807 778304	No it is

Form 990-EZ (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

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.

Department of the Treasury		► Attach to Form 990 or Form 990-EZ.					Open to Public
			to www.irs.gov/Fo	orm990 for instructions a		Inspection	
lame	of the organization					Employer identification	number
Build		Music Education				the second se	84576
Pa				organizations must			ns
The o	organization is no	ot a private founda	ation because it i	s: (For lines 1 through	12, check only or	ne box.)	
1	,		•	on of churches descri			$\overline{\Omega}$
2				Attach Schedule E (F			0 /
3		•		anization described in	• • •		/ 510. Enter the
4		search organization	•	onjunction with a hosp	ntal described in s	section 170(b)(1)(A)	(III). Enter the
5	=	-		college or university	owned or operate	d by a government	al unit described in
5	section 170	(b)(1)(A)(iv). (Com	plete Part II.)	-	-		a unit described if
6		-	-	mental unit described			
7		ion that normally section 170(b)(1)		tantial part of its sup e Part II.)	port from a govern	nmental unit or from	the general public
8	A community	y trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)		
9				l in section 170(b)(1)			
	university:	-		iculture (see instructio		-	-
10	receipts from support from	n activities related n gross investmen	to its exempt fu t income and un	e than 331/3% of its sunctions—subject to co related business taxal 75. See section 509(a	ertain exceptions, ple income (less se	and (2) no more that action 511 tax) from	n 33¹/₃% of its
11	An organizat	ion organized and	l operated exclus	sively to test for public	safety. See secti	ion 509(a)(4).	
12	of one or me	ore publicly suppo	orted organizatio	ively for the benefit of ns described in secti scribes the type of sup	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3) .
а	the supp	orted organization	(s) the power to	, supervised, or contr regularly appoint or e ste Part IV, Sections	lect a majority of t		
b	control o	r management of	the supporting o	ed or controlled in co rganization vested in t V, Sections A and C.	the same persons		
c				ing organization oper ns). You must compl			ally integrated with,
d	that is no	t functionally integ	grated. The orga	pporting organization nization generally mus o mplete Part IV, Sec	st satisfy a distribu	ition requirement an	• • • • • • • • • • • • • • • • • • • •
e				a written determination tionally integrated sur			e II, Type III
f		ber of supported of					
g		• •	-	orted organization(s).			L
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization	(iv) Is the organization		(vi) Amount of

(i) Name of supported organization		(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(V) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
	<u> </u>			Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)			**************************************					
Tota	li <u> </u>		3					

Schedule A (Form 990 or 990-EZ) 2017 Dort II

L

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
, ,	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Cast	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
-	on A. Public Support dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(a) 2013	(D) 2014	(C) 2015	(u) 2010	(0) 2017	
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants."	0001	20 567	35 701	59 075	55,289	198,533
2	Tax revenues levied for the	9001	39,567	35,701	58,975	33,269	180,000
2	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	0	o	0
3	The value of services or facilities	-					<u>v</u>
•	furnished by a governmental unit to the						
	organization without charge	o	0	o	0	0	0
4	Total. Add lines 1 through 3	9001	39,567	35,701	58,975	55,289	198,533
5	The portion of total contributions by		,				,
5	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)						26,901
6	Public support. Subtract line 5 from line 4						171,632
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	9001	39,567	35,701	58,975	55,289	198,533
8	Gross income from interest, dividends,						
	payments received on securities loans,				•		
	rents, royalties, and income from						
_	similar sources	23	17	48	44	20	152
9	Net income from unrelated business						
	activities, whether or not the business is regularly carned on						
40		0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	0	0	0	0	0	0
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	<u>198,685</u> 0
13	First five years. If the Form 990 is for th	•	•	d. third. fourth	. or fifth tax ve		
	organization, check this box and stop he	-			-		· · · · ·
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	86.4 %
15	Public support percentage from 2016 Sch					15	na %
16a	331/3% support test-2017. If the organi						
	box and stop here. The organization qua						_
b	331/3% support test-2016. If the organi						
	this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		· · Þ 🗖
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ		_	-	s as a publicly	supported
	organization	• • • •					· · ► 🗆
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n				-	on qualities as	· . –
10	supported organization						· · ► 🗌
18	instructions						

Schedule A (Form 990 or 990-EZ) 2017

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×				
(Form	990	or	990-	EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service Name of the organization

Building Leaders Using Music Education in Haiti, Inc.

Department of the Treasury

Employer identification number

80-0784576

Part I, Line 10: Grants paid
Scholarships for summer camps in Haiti \$10,202
Music teacher salaries in Haiti \$ 8299
National Orchestra Institute \$7535
Travel for study in US for Haitian music students \$3003
School requests \$5476
TOTAL GRANTS PAID \$34,515
Part I, Line 16: Other expenses
Program expense: Music purchases \$1431
Program expense: Shipping to Haiti \$1283
Program expense: Shipping to volunteers \$146
Program expense: Emergency funds \$1053
Insurance \$1680
Quickbooks \$50
Website \$248
Miscellaneous \$634
TOTAL OTHER EXPENSES \$6525
Part III Line 31. Other Major Program Service Expenses:
We provide specific grants to schools who request items or monetary support throughout the year. We have given money for schools to buy
chairs for their students, ordered music stands shipped to schools, and ordered strings and sheet music brought to the schools via
volunteers in the summer. \$5476

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Building Leaders Using Music Education in Haiti, Inc.	80-0784576
We provide travel reimbursement for students to travel to the U.S. to study music. \$3003	
we provide travel reinibursement for students to travel to the U.S. to study music. \$5005	
Part IV: List of Directors, continued	
Saveh Davies Breen Board member 1 hybrock 0 compensation	
Sarah Davies Breen, Board member. 1 hr/week, 0 compensation	
Rachel Cohen, Board member. 1 hr/week, 0 compensation	
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