

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-EZ**

# **Short Form**

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org. anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	Fort	he 2008 ca	lendar	rear, or tax year beginning AUGUST 1 , 2008, and ending JUNE	30	•	, 2009
В	Check	ıf applicable		C Name of organization		ıployer ı	dentification number
	Address change   Please use IRS   Community MusicWorks   05-0507426						
L	Name	change	label or print or	Number and street (or P O box, rf mail is not delivered to street address) Room/suite		lephone	
<u> </u>	Initial		type. See	1392 WESTMINSTER ST	1 ,	4011	861-5650
	Termi		Specific Instruc-	City or town, state or country, and ZIP + 4			
-		ded return ation pending	tions.	PROVIDENCE RI 02909-1628		oup Ex Imber	xemption -
	търто		501/->/3				Cash X Accrual
		Section :	nust atta	organizations and 4947(a)(1) nonexempt charitable trusts ch a completed Schedule A (Form 990 or 990-EZ).  G Accounting Other (spe			
_				H Check ►			janization is <b>not</b>
1		site: 🕨 <u>N</u>		OOO E7	attach	Sched	dule B (Form 990,
<u>J</u>		ization type		y one) =     301(c) ( 3)   (insert no)   494/(a)(1) or   32/		<u></u>	<del></del>
K	\$25.0			nization is not a section 509(a)(3) supporting organization and its gross receipts ai required, but if the organization chooses to file a return, be sure to file a complete		ally <b>n</b> o	ot more than
_				p, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990	-		
	ınste	ad of Form	990-EZ			<b>►</b> \$	962,392.
Pa	ırt I			xpenses, and Changes in Net Assets or Fund Balances (See the	ınstr		
	1			s, grants, and similar amounts received		1	926,586.
	2			evenue including government fees and contracts		2	27,435.
	3		•	and assessments .		3	4 0 64
	4	Investmer				4	4,361.
				n sale of assets other than inventory r basis and sales expenses  5b		*	
R	l			r basis and sales expenses  e of assets other than inventory (Subtract In 5b from In 5a) (att sch)		5 c	
E	6	•	•	· · · · · · · · · · · · · · · · · · ·	$\Box$	30	<del></del>
Ė		Gross rev	enue (n	ivities (complete applicable parts of Schedute 4) of amount is from gaming, check here of including \$  of contributions			
REVEZUE		reported of	-	<del></del>			
_	l b	Less dire	ct expe	nses other than fundrasing/eRpenses 2011 6b			
				om special events and activities (Subtract line 6b from line 6a)		6 c	
	1			entory, less returns and allowances 7a			
	l b	Less cos	t of goo	ds sold OGDEN, UT7b			
	C	Gross pro	ofit or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)	·	7с	
	8	Other revenu	ue (descri	oe ► OTHER	)	8	4,010.
	9	Total reve	enue (ad	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	•	9	962,392.
	10	Grants an	nd simila	r amounts paid (attach schedule)		10	
E	11	Benefits p	oaid to d	r for members		11	
X	12			mpensation, and employee benefits		12	431,173.
Ė	13			and other payments to independent contractors		13	27,732.
EXPENSE	14		-	utilities, and maintenance		14	24,366.
s	15			ons, postage, and shipping .		15	2,855.
	16			be See Other Expenses Statement	_) ▶	16 17	131,570.
	17			add lines 10 through 16)		_	617,696.
А	18		•	for the year (Subtract line 17 from line 9)		18	344,696.
N S E S T E	19			balances at beginning of year (from line 27, column (A)) (must agree with end-of- prior year's return)	year	19	220,580.
ŦĘ	20			net assets or fund balances (attach explanation)  See L-20 Stmt.		20	171,994.
	21	Net asset	s or fun	balances at end of year Combine lines 18 through 20	•	21	737,270.
Pá	ırt II	Bala	nce SI	neets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990	) instea	d of F	orm 990-EZ
			_	(See the instructions for Part II ) (A) Beginnin	g of ye	ar	(B) End of year
22		sh, savings	•		, 359		530,276.
23		nd and buil	_		,220		34,089.
24			(describ		,300		179,649.
25		tal assets	- 44		879		744,014.
					, 299 580		6,744.

Form	1990-EZ (2008) Community Mus				<u>-050</u>	07426	Page 2
Par	Statement of Program	Service Accomplishments	s (See the instruction	ons.)		Expenses	
What i	is the organization's primary exempt purpose?	EDUCATION	<del>-</del>		(Req	uired for 501(c)	(3)
Desc	ribe what was achieved in carrying out ribe the services provided, the number	the organization's exempt purpo	ses. In a clear and con-	cise manner,	and	(4) organization	is and
progr	ribe the services provided, the number ram title	of persons benefited, or other re	elevant information for e	acn		(a)(1) trusts, or thers)	Juonai
	INSTRUMENTAL LESSONS, MUS	CAL WORKSHOPS, COMMUNI	TY PERFORMANCES	AND CONCERT			
	TRIPS TO PROVIDE MUSICAL E						
	MINORITY AND LOW INCOM						
				TOUROUNDODS	20 -	E10	104
	(Grants \$ 0.) I	this amount includes foreign gr	ants, cneck nere		28 a	219	,124.
29							
	(Grants \$ ) I	this amount includes foreign gr	ants, check here	<b>&gt;</b>	29 a		
30							
	(Grants \$	this amount includes foreign gra	ants, check here		30 a		
31	Other program services (attach sched		<del> </del>				
		this amount includes foreign gra	ants, check here	▶ 📑	31 a		
32	Total program service expenses (add		·	•	32	518	,124.
Par	List of Officers, Directo	rs, Trustees, and Key Em	plovees. (List each o	ne even if not com	pens		
	, and a stranger of the strang	(b) Title and average hours	(c) Compensation (If	(d) Contributions	<del></del>	(e) Expense a	account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plar	ns and	and other allo	wances
	<del></del>	to position		deferred compensa	tion		
	BASTIAN RUTH						
_139	2 WESTMINSTER STREET	_ EXECUTIVE DIRECTOR					
PRO	VIDENCE RI 02909	40.00	53,000.	5,5	01.		
DIR	RECTORS						
SEE	ATTACHED SCHEDULE	VARIOUS					
PRO	VIDENCE RI 02909	2.00	0.		Ο.		
	<del></del>	- –					
			<del></del>				
		- –					
		_					
	<del></del>						
	·	<del> </del>	<del> </del>				
		· <b>-</b>					
		<del>                                     </del>				· · · · · · · · · · · · · · · · · · ·	
	<b> </b>						
				<u> </u>			
			1				
		<del> </del>		<del> </del>		-	
		I .	1	I		ı	

	990-EZ (2008) Community MusicWorks 05-0507	126	P	age <b>3</b>
Par	t V Other Information (Note the statement requirement in General Instruction V.)			
		ſ <del></del>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements? If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 a 35 b		<u> </u>
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	336		
	If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions    Did the organization file Form 1120-POL for this year?	37b		
		3/0		^
302	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or w</b> ere any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
ŧ	of Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	_		•
40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			· ]
	section 4911 ►, section 4912 ►, section 4955 ►	-		
t	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I	40 b	ļ	<u> </u>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	~ *	» ·	
		40 e	<u> </u>	X
41	List the states with which a copy of this return is filed			
<b>42</b> a	The books are in care of ► SEBASTIAN RUTH  Telephone no ► (401)		:	0
	Located at > 1392 WESTMINSTER ST PROVIDENCE RI ZIP + 4 > 0290	9-162	<u>8</u>	
L	At any time during the colondar year, did the organization have an interest in an a constitute or other outbooks, over a	ſ	Yes	No
C	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)?	42b		Х
	If 'Yes,' enter the name of the foreign country ▶	_		
			I	
				ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		ļ	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country	1		
		_		
•-				
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	<del></del> .		
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			v
	of Form 990-EZ	44		<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		<u>x</u>
BAA		Form <b>99</b> 0	)-EZ (	2008)

No

Yes

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

				annantian te	Yes	s No
46 Did th	ne organization engage in direct or indirect ablic office? If 'Yes,' complete Schedule C	t political campaign act . Part I	ivities on benait of or in	opposition to candidates	46	X
	ne organization engage in lobbying activit		chedule C, Part II		47	X
	organization operating a school as desci			ete Schedule E	48	X
	ne organization make any transfers to an				49a	Х
	s,' was the related organization(s) a secti				49b	
	•	_		. truckees and less amples		
50 Comp	plete this table for the five highest compended more than \$100,000 of compensation	nsated employees (other from the organization	r than officers, directors If there is none, enter 'N	, trustees and key employ lone.'	ees) who each	•
		(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	account and other allowand	ces
NONE						
			-			
						•
			=		-	
	<del></del>	-				<del></del>
		1				
Total number	of other employees paid over \$100,000					
Total Humber	or other employees paid over \$100,000			<u> </u>		
51 Comp from	olete this table for the five highest compet the organization. If there is none, enter 'N	nsated independent conflone '	tractors who each recer	ved more than \$100,000 o	f compensatio	n
	(a) Name and address of each independent cont	ractor paid more than \$100 000	)	(b) Type of service	(c) Compensa	lion
NONE	(a) Name and address of each independent cont	ractor paid more than \$100,000	·	(2) 1) po or our real	(c) componed	
NONE						
				•		
		···				
Tatal mumb	as of other independent contractors recov		<b>-</b>			
Total numb	per of other independent contractors recei			ments, and to the best of my know	ledge and belief, if	 t is
	Under penalties of perjury, I declare that I have exartrue, correct, and complete Declaration of preparer	(other than officer) is based on	all information of which prepar	er has any knowledge		
		~		100/00/10		
Sign	Signature of officer	<del> </del>		02/22/10 Date		
Here	HEADA MA	rea, was	1A7. GU DE		11/51	
	Type or print name and title	VECTOR I COUNT	WYVIXWL DA	47	11 11	
	Type or print name and title		<u> </u>	Prez	narer's Identifung I	Number
Paid	Preparer's D 0		Date /////	Check if See	parer's Identifying I e instructions)	<b>Turnber</b>
Pre-	signature	· · · · · · · · · · · · · · · · · · ·		employed ►		
parer's Use	Firm's name (or Aaronson Lavoie		az & Co., PC			
Use	employed), 1604 Broad Stre	et	DT 0000-	EIN •		
Only	ZIP + 4 Cranston		RI 02905	Phone no ► (401		<del></del>
	S discuss this return with the preparer sh	own above? See instruc	tions		Yes Yes	No
BAA					Form 990-EZ	. (2008)

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

#### **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service Name of the organization

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Community MusicWorks 05-0507426 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III- Other Type II C Type III — Functionally integrated d | | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, f check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii) Provide the following information about the organizations the organization supports (iv) Is the anization in col listed in your governing document? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (ii) EIN (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? No Yes No Yes No Yes

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Community MusicWorks 05-0507426 Page 2 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) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 266,860. 338,919 516,312. 926,586. 473,519. 2,522,196. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 266,860. 338,919. 473,519. 516,312. 926,586. 2,522,196. 4 Total. Add lines 1-3 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) 663,679. Public support. Subtract line 5 1,858,517. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 266,860. 338,919. 473,519 516,312 926,586 2,522,196. 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 49 101 2,025. 7,628. 4,361 14,164. similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV ) Total support. Add lines 7 2,536,360. through 10 155,994. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 73.27% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 86.38% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box ► X and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. 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 test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Page 3

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

•	(Complete only if you ched	ked the box on lin	e 9 of Part I)				
Sect	tion A. Public Support		<u></u>				
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	:					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	<b>Total.</b> Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2						
	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
-	Add lines 7a and 7b						
8	Public support (Subtract line	6 C & CX & P			7 \$	, , , , , , , , , , , , , , , , , , ,	
	7c from line 6)		લું કુપ્યાર્થ	1716年發物以		S. Walley	
	tion B. Total Support	T .		1			
Caler	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e) 2008	(f) Total
	Amounts from line 6				-		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on		:				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage			,	
15	Public support percentage for 20	08 (line 8, column	(f) divided by line	e 13, column (f))		15	%
	Public support percentage from 2					16	%_
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	e	_		_
17	Investment income percentage for	or <b>2008</b> (line 10c,	column (f) dıvıded	d by line 13, colum	nn (f))	17	%
18	Investment income percentage fr	rom <b>2007</b> Schedule	e A, Part IV-A, Im	ie 27h		18	%%_
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pub	licly supported or	ganızatıon	▶□
b	33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	he organization did this box and <b>ston</b>	i not check a box here. The organi	on line 14 or 19a, zation qualifies as	and line 16 is mo a publicly suppor	ore than 33-1/3%, a ted organization	and line 18 ► □
	Private foundation. If the organiz						▶

Schedule A	(Form 990 or 9	990-EZ) 2008	3 Commun	nity Mu	sicWork	S		05-0507426	Page 4
PartIV	Supplement Part II, line	i <b>tal Inform</b> 17a or 17	ation. Com b; or Part	plete th	is part to p 2. Provide	orovide the any other	explanation re additional info	quired by Part II, rmation. (see insti	line 10; ructions)
			<b></b>	. <b></b>					<del>-</del>
<b>_</b>	. <b></b>			. – – – -	<b>-</b>				<del>-</del>
				<b></b> .					
	. – – – – –							<del>-</del>	
				. – – – -					
			<del>-</del> -						
							<b>-</b> -		
				· <b></b>					
				. <i></i>	- <b>-</b>	<b>_</b>			- <b></b>
					<b></b>				
	. – – – – –			<del>-</del> -			<b>-</b>		
						<b>-</b>			
			<del>_</del> _					<b></b>	

#### **Other Assets and Liabilities**

2008

Name as Shown on Return
Community MusicWorks

Form 990-EZ Part II

Employer Identification No 05-0507426

Muliumity Musicworks		70/420
Line 24 - Other Assets:	Beginning of Year	End of Year
LESS ACCUMULATED DEPRECIATION		
SECURITY DEPOSIT	2,300.	2,300.
ACCOUNTS RECEIVABLE		119,250.
INVESTMENTS		46,269.
PREPAID EXPENSE		11,830.
Totals to Form 990-EZ, Part II, line 24	2,300.	179,649
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	3,639.	5,554
DEFERRED REVENUE	28,660.	
ACCRUED PAYROLL		1,190.
Totals to Form 990-EZ, Part II, line 26	32,299.	6,744.

TEEW1801 SCR 04/21/08

Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Depreciation	10,529.
MARKETING	8,619.
TELEPHONE	2,512.
INSURANCE	4,178.
OFFICE SUPPLIES	3,606.
POSTAGE & DELIVERY	5,213.
OFFICE MAINTENANCE/EQUIPMENT	1,938.
MEETINGS/CONFERENCES	5,600.
TRAVEL	3,456.
PROFESSIONAL DEVELOPMENT	3,188.
SCHOLARSHIPS	3,095.
FELLOWSHIP EXPENSE	2,230.
INSTRUMENT REPAIR/MUSICAL EQUIPMENT	3,130.
BANK SERVICE CHARGES	336.
DUES AND SUBSCRIPTIONS	612.
PERFORMANCE EXPENSE	9,131.
PHASE PROGRAM/ QUARTET	6,609.
PROVIDENCE STRING QUARTET	14,726.
SPECIAL PROJECTS/WORKSHOPS	19,176.
MELLON EXPENSE	7,021.
EVALUATION PROJECT	15,700.
OTHER EXPENSE	965.

Form 990-EZ, Page 1, Part I, Line 20

Total

#### Other Changes in Net Assets or Fund Balances

Description	Amount
Changes after audit and subsequent to filing of 990:cash	6,173.
Property and equipment	39,398.
Investments	66,338.
Prepaid expenses	8,348.
Accounts receivable	45,300.
Deferred revenue	28,660.
Accounts payable/accrued expenses	-10,439.
2009 - Unrealized losses on investments	-11,784.

131,570.

Total \_\_\_\_\_171,994.

#### **Supporting Statement of:**

Sch. A, page 2/Gross Receipts

Description	Amount
04	25,294.
05	6,319.
06	50,294.
07	46,652.
08	27,435.

Total <u>155,994.</u>