

### 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** 

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)

2008
Open to Public

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

Open to Public Inspection

A 1	San Abr	e 2008 calendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009
В	Check if applicable	e   Figure	D Employer identification number
	∵. ∏Addre	use IRS	
<u> </u>	chang	print or CONCORD COMMUNITY MUSIC SCHOOL	
	Name chang	Doing Business As	22-2552850
	]Initial return	See   Number and street (of P O. Dox if mail is not delivered to street address)   Hoofiles	suite E Telephone number
	Termir	Concepted	603-228-1196
F	Amen	ded tions City or town state or country and ZID + 4	G Gross receipts \$ 1,622,801.
F	Ireturn Applic		H(a) Is this a group return
_	tion pendir		for affiliates? Yes X No
			H(b) Are all affiliates included? Yes No
		23 WALL STREET, CONCORD, NH 03301	
		empt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list (see instructions)
		te: WWW.CCMUSICSCHOOL.ORG	H(c) Group exemption number
			Year of formation: 1984 M State of legal domicile. NH
Pa	art I	Summary	
d)	1	Briefly describe the organization's mission or most significant activities: TO FOSTE	ER A SENSE OF COMMUNITY
Ž		THROUGH MUSIC BY PROVIDING THE FULLEST POSSI	BLE ARRAY OF MUSICAL
Governance	2	Check this box I if the organization discontinued its operations or disposed of i	more than 25% of its assets
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3 13
ၓ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
•ರ ഗ	1	•	5 64
Ęį		Total number of employees (Part V, line 2a)	1.00
Activities &	1	Total number of volunteers (estimate if necessary)	
Ac	1	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> 7ь</u> 0.
			Prior Year Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	510,212. 518,307.
eu (	9	Program service revenue (Part VIII, line 2g)	1,016,939. 1,092,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,265. 568.
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,807. 9,721.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,540,223. 1,620,596.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	95,482. 193,934.
	L	Benefits paid to or for members (Part IX, column (A), line 4)	
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,071,095. 1,108,204.
Expenses	1	Professional fundraising fees (Part IX-COUNTY (A), line 11e)	
Je L		I DI ARI	
Ä			556,258. 495,185.
	1	Other expenses (Part IX, column (A), lines 11a-11e, 11f-24f)	1,722,835. 1,797,323.
	18	Total expenses Add lines 1807 (must require Part IX, column 3) line 25)	
	19	Revenue less expenses Subtract line 18 from line-1210	<182,612.> <176,727.>
Net Assets or Fund Balances			Beginning of Year End of Year
SSE	20	Total assets (Part X, line 16) WOUEN, UT	2,432,507. 2,345,820.
E S	21	Total liabilities (Part X, line 26)	1,101,802. 1,197,809.
		Net assets or fund balances Subtract line 21 from line 20	1,330,705. 1,148,011.
Pa	art II	Signature Block	
		Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowledge and belief, it is true, correct, edge
		1. A. A. C. A	·
Sig	n	Warent E Kill	15-13-2010
Her	е	Signature of officer	Date
		MARGARET SENTER, PRESIDENT & CEO	
		Type or print name and title	
_		Preparer's Date/	Check if Preparer's identifying number
Paid	ا ا	signature Semmi	self- employed  (see instructions)
Prep	arer's	Firm's name (or TVI FP CIMMS C. CT CALIDE ID CDAS DC	EIN >
Use	Only	yours if 11LER, SETIMS & S1. SAUVEUR CPAS PC self-employed). 19 MORGAN DRIVE	CIIV F
		l address and	Dham as N 602 652 0044
		ZIP+4 LEBANON, NH 03766	Phone no. ► 603-653-0044
Mav	tne IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No

32001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

Form	990 (2008)	CONCORD COMMUNIT	Y MUSIC SCHOOL	22-25!	52850 Page <b>2</b>
Pa	rt III Statement of	Program Service Accompl	ishments (see instruction	ns)	
	Briefly describe the orga		•		<del></del>
1				a nu proutrita	DIII I DOM
				C BY PROVIDING THE	
	POSSIBLE ARR	AY OF MUSICAL EXP	ERIENCES FOR P	EOPLE OF ALL AGES,	MUSICAL
	ABILITIES. A	ND BACKGROUNDS.			
	1101011100, 11	21101101110111011			
		<del></del>	<del></del>		
2	Did the organization und	ertake any significant program ser	vices during the year which v	were not listed on	
	the prior Form 990 or 99	0-EZ?			Yes X No
		new services on Schedule O			
_					Yes X No
3	•	se conducting, or make significant	changes in now it conducts	, any program services?	LTes LA_NO
	If "Yes", describe these	changes on Schedule O			
4	Describe the exempt pur	pose achievements for each of the	e organization's three largest	t program services by expenses	
•				to report the amount of grants and	
	allocations to others, the	total expenses, and revenue, if an	y, for each program service	reported	
4a	(Code	) (Expenses \$ 1,451,28	9 - including grants of \$	121,471.)(Revenue\$	<u> </u>
70	•		y wondaming grants or o	222 / 2 / 2 v / (November 4	,
	SEE ATTACHED	STATEMENT			
		•			
			<del></del>		<del></del>
	-	<del></del>			
		- · · · · · · · · · · · · · · · · · · ·		-	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
70	00000	/ (Expenses ¢	molecumg grame of $\phi$	) (November 4	,
	-				
					<del></del>
		<u> </u>			
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	,
	(0000	) (Exponded t	moleculary grame or ¢	/(!!5*5*!25*5	,
	<del></del>	<del>,</del>			
					<del></del>
	-	•			
					<del></del>
4d	Other program services	(Describe in Schedule O )			
			\ /D=::	onus ¢	
	(Expenses \$	including grants of \$		venue \$	
4e	Total program service e	xpenses ▶ \$ 1,451	, 289 . (Must equal Part	IX, Line 25, column (B))	
					Form <b>990</b> (2008)

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X_	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," cornplete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	]		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	X	
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	_23_		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			v
	If "No", go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		2EA		y
<b>h</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I  Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a		<u> </u>
D	prior year? If "Yes," complete Schedule L, Part I	2Eh		Х
26		25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	_20		- 47
_'	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
	Commission, or to a person related to sacri an individual. II Tes, Complete scriedule L, Part III		990 (	

Form **990** (2008)

During the tax year, did any person who is a current or former officer, director, trustee, or key employee  a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  b Have a family member who had a direct or indirect business relationship with the organization?  If "Yes," complete Schedule L, Part IV  28b  C Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  b Have a family member who had a direct or indirect business relationship with the organization?  If "Yes," complete Schedule L, Part IV  c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	
person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV  b Have a family member who had a direct or indirect business relationship with the organization?  If "Yes," complete Schedule L, Part IV  28b  c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	
b Have a family member who had a direct or indirect business relationship with the organization?  If "Yes," complete Schedule L, Part IV  28b  C Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	
If "Yes," complete Schedule L, Part IV  c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	
corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	<u>X</u>
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	<u>X</u>
contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31	
31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31	
If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	X
Schedule N, Part II	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	X
34 Was the organization related to any tax-exempt or taxable entity?	
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	
If "Yes," complete Schedule R, Part V, line 2	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
If "Yes," complete Schedule R, Part V, line 2	<u>X</u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37	X

Form **990** (2008)

	to tatement inguitaring out the second of th								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	<u>X</u> _						
2a	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 64								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a		X					
b	If "Yes," has it filed a Forni 990-T for this year? If "No," provide an explanation in Schedule O	3b							
4a	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)?	4a		X					
b	If "Yes," enter the name of the foreign country ▶								
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and								
	Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited								
	Tax Shelter Transaction?	5c							
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b_							
7	Organizations that may receive deductible contributions under section 170(c).			x					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?								
þ	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal								
	benefit contract?	7e_	-	X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X					
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X					
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)								
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have								
	excess business holdings at any time during the year?	8							
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?	9a		-					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter N/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			1					
11	Section 501(c)(12) organizations. Enter N/A								
	Gross income from members or shareholders  11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		000						

Form 990 (2008) CONCORD COMMUNITY MUSIC SCHOOL 22-2552850 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management									
				Yes	No					
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumsta	inces,								
	processes, or changes in Schedule O See instructions									
1a	Enter the number of voting members of the governing body	13								
b	Enter the number of voting members that are independent	13								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?		2		<u>X</u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct superv	rision								
	of officers, directors or trustees, or key employees to a management company or other person?		3		<u>X</u>					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	ed?	4		_X_					
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		<u>X</u>					
6	Does the organization have members or stockholders?		6		<u>X</u>					
7a										
	governing body?		7a		<u>X</u>					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r								
	by the following									
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?		8b	<u>X</u>						
9a	Does the organization have local chapters, branches, or affiliates?		9a		<u>X</u>					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affilia	ates,								
	and branches to ensure their operations are consistent with those of the organization?		9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations mu	ıst								
	describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Х						
11	1 Is there any officer, director or 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 in Schedule O									
Sec	tion B. Policies									
				Yes	No					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?		12b	Х						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	•		İ						
	ın Schedule O how this is done		12c	X						
13	Does the organization have a written whistleblower policy?		13	Х						
14	Does the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent	ent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision									
а	The organization's CEO, Executive Director, or top management official?		15a	Х						
b	Other officers or key employees of the organization?		15b	X						
	Describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?		16a		<u>X</u>					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its partici	pation								
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's									
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure	<del></del>								
17	List the states with which a copy of this Form 990 is required to be filed ▶NH									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	ly) avaılable	for							
	public inspection. Indicate how you make these available. Check all that apply									
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the conflict of interesting the conflict of the	st policy, ar	id fina	ncıal						
	statements available to the public									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne organizat	ion 🕨	·						
	MARGARET SENTER, PRESIDENT & CEO - 603-228-1196									
332008	23 WALL STREET, CONCORD, NH 03301		_							

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B)	(C) Position						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated	
name and Title	Average hours	(c				app	ly)	compensation	compensation	amount of	
	per week	director	Institutional trustee	Institutional frustee Officer Key employee		Highest compensated employee Former		from the organization (W-2/1099 MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
PANSY BLOOMFIELD	1 00	.,						0.	0.	0.	
MEMBER CALLED	1.00	A	├	<del> </del>	<del>                                     </del>	-		U •		0.	
DAVID CAWLEY	1.00	x		x				0.	0.	0.	
TREASURER ANNE BAIER	1.00	^		₽		-	-	0.	0.	<u> </u>	
MEMBER	1.00	x					ŀ	0.	0.	0.	
MARY SKOBY COWAN	1.00				┢	<del> </del>					
CLERK	1.00	x						0.	0.	0.	
JOHN FAGGIANO					<u> </u>						
EX-OFFICIO/FACULTY REPRE	1.00	x						0.	0.	0.	
JOHN HAMILTON											
MEMBER	1.00	X				<u> </u>		0.	0.	0.	
KIRK B. LEONI, CPA			ĺ						•	•	
MEMBER	1.00	X	┡		-	-	-	0.	0.	0.	
REBECCA MOORE LOUGEE	1 00	.,						0.	0.	0.	
MEMBER	1.00	X	-		╁	┼	<del> </del>	<u>U.</u>		<u>U</u> ,	
HARRIET G. RESNICOFF, LI MEMBER	1.00	х			ļ	ļ		0.	0.	0.	
MARGARET E. SENTER PRESIDENT & CEO/EX-OFFIC	40.00	x		x				82,222.	0.	0.	
DONALD SHUMWAY		l								•	
CHAIR	1.00	X	-	Х	$\vdash$	-	<u> </u>	0.	0.	0.	
MARY STADELMAN	1 00							0.	0.	0.	
MEMBER BONNIE J. WHITE	1.00		├-	├	┼	├		<u> </u>			
MEMBER	1.00	v						0.	0.	_ 0.	
FREDERICK M. BRICCETTI,	1.00	^			$\vdash$	+		0.			
MEMBER	1.00	x						0.	0.	0.	
CHRIS SULLIVAN, ESQ		<u> </u>	1		T						
MEMBER	1.00	X						0.	0.	0.	
					_						

Par	t VII   Section A. Officers, Directors, True	<u>ustees, Key E</u>	mple	oyee	s, a	nd !	High	est		ees (continued)				
	` (A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position						Reportable Reportabl			1		
		hours	(c	heck	c all	that	app	ly)	compensation	compensatio				of
		per	ě			ļ			from the	from related organization			other pensa	tion
		week	rdire	_		ļ	E G		organization	(W-2/1099-MIS			om the	
			tee 0	nstee			ES C		(W-2/1099-MISC)	(** 2) 1000 10110	,,		anızatı	
			individual trustee or director	Institutional trustee	Officer	loyee	Highest compensated employee		(,		İ	-	d relate	
			Mgr	fit	흥	emp.	hest	퍝			ļ	orga	ınızatı	ons
			Ē	III	통	Æ	돌	ē			]			
					ĺ									
		<del>  -</del>	†	1			1	T					_	
		<del> </del>	+			<del>                                     </del>	1	$\vdash$			-			
		<del>-</del>	1		-	<del> </del>	+	$\vdash$	<del>                                     </del>		-			
					}									
			+		-	<del> </del>	+	-		- <del></del>				
			-	1	_	├-	+-	-		<u> </u>		-		
								1						
			—	1	<u> </u>	├	-	ļ		<u></u>				
			Ļ.,				_	ļ						
											ļ			
						┖				· · · · · · · · · · · · · · · · · · ·				
	·													
1b	Total						•		82,222.		0.			0.
2	Total number of individuals (including thos	e in 1a) who re	ceiv	ed n	nore	tha	an \$1	00.0						
-	compensation from the organization	<b>,</b>					-	·	•		<b>&gt;</b>			0
									-				Yes	No
3	Did the organization list any former officer	director or tru	istee	e ke	v en	olan	vee.	or h	highest compensated er	nplovee on				
Ū	line 1a? If "Yes," complete Schedule J for s			.,	,		.,,	•	g	,		3		Х
4	For any individual listed on line 1a, is the si			omn	ens	atio	ก สก	d of	her compensation from	the organization				
4	and related organizations greater than \$15									ano organization		4		х
_	Did any person listed on line 1a receive or									ices rendered to				
5					IIOII	an	y um	Cial	led Organization for Serv	ices rendered to		5		X
	the organization? If "Yes," complete Sched	iule 3 for sucri	pers	SOH					<del></del>					
	tion B. Independent Contractors		al c =	004			ro - 4	t	that recovered many there	\$100,000 of ac-		otion 4	rom	
1	Complete this table for your five highest co	impensated in	uep	enae	ent C	ont	) Jost	ors t	mai received more than	TOU,UUU OT CON	ipens	auon 1	10111	
	the organization NONE	-												-
	(A) Name and business	addrass							( <b>B)</b> Description of s	PANICAS	_	Ompe.	i) neatin	n
	Name and business	address						$\dashv$	Description of s	Services .		ompe	-	''
									<del></del>					
							-							
								_						
2	Total number of independent contractors (	including thos	e in	1) w	ho r	ece	ved	mor	re than \$100,000 in com	pensation				
-	from the organization	0		•				-	,	,				
		<del></del>								<u>-</u>		Form	aan /	20087

Form	990 (2 <b>t 'VII</b> I			NITY MUS	IC SCHOOL		22-2552	2850 Page <b>9</b>
Par	,	Statement of Never	ide		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	-					
ntributi d other	T g	All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines	ve <u>1f 5</u>	34,062.				
ပ္ပ ह	h	Total. Add lines 1a-1f			518,307.			
9	2 a	TUITION & REGIS	TRATION	Business Code 711130	1,005,827.	1,005,827.		
ا کج	b	CONCERT REVENUE		711130	43,578.	43,578.	_	
Ser		OTHER REVENUE		711130	21,384.	21,384.		
E S		RECITAL HALL RE	ז בייזוי	711130	12,585.	12,585.		
Re								
Program Service Revenue		COMMUNITY PARTN		711130	8,626.	8,626.		<del>                                     </del>
<u>-</u>		. •	enue					
	g	Total. Add lines 2a-2f			1,092,000.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>•</b>	568.			568.
	4	Income from investment of tax	x-exempt bond r	oroceeds >			_	
	5	Royalties		<b></b>				
	•	Hoyanics	(ı) Real	(II) Personal	7	1		
	_		(i) neai	(II) Fersonai				
	6 a	Gross Rents				1		
	b	Less: rental expenses						
	С	Rental income or (loss)		L				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
- 1		assets other than inventory						
l	h	Less. cost or other basis						
	_	and sales expenses						
	_		-	<del>                                     </del>				
		Gain or (loss)						
e e		Net gain or (loss) Gross income from fundraising	-	<b>P</b> .				
Ē		ıncludıng \$						
؋		contributions reported on line	1c) See					
<u> </u>		Part IV, line 18	а	9,474.				
Other Revenue	b	Less direct expenses	b					
0		Net income or (loss) from fund	fraising events	<u> </u>	9,474.			9,474.
1		Gross income from gaming ac	-					
	- <b>u</b>	Part IV. line 19	а					
	<b>L</b>	Less direct expenses	b					
		·				1		
		Net income or (loss) from gam	-			+	<del></del>	<del>                                     </del>
	υа	Gross sales of inventory, less		2 450				
		and allowances	a					
		Less cost of goods sold	b	2,205.				
L	<u>C</u>	Net income or (loss) from sale	s of inventory	,▶	247.		<del></del>	247.
L		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	c							
	_	All other revenue						
	_	Total. Add lines 11a-11d		<b></b>				†
,		i otali. Aud IIIIUS I lä-l lü				<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del> </del>
	12	Total Revenue Add lines 1h, 2g, 3,		Oc. and 11e	1,620,596.	1 102 111	0.	10,289.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	193,934.	193,934.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· -
5	Compensation of current officers, directors, trustees, and key employees	82,222.	41,112.	20,555.	20,555
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	865,403.	697,363.	118,923.	49,117
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				-
9	Other employee benefits	92,499.	68,964.	23,267.	268.
10	Payroll taxes	68,080.	53,054.	10,021.	5,005
11	Fees for services (non-employees)				
a					
b	· , ,*				
c	Accounting				
d	Lobbying				<del></del>
ے	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	-			
g					
12	Advertising and promotion	2,096.	1,886.		210
13	Office expenses	• • • • • • • • • • • • • • • • • • • •			
14	Information technology				
15	Royalties				
16	Occupancy	**************************************			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,581.	843.	3,102.	1,636
20	Interest	58,604.	53,187.	5,417.	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	117,942.	117,942.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	REPAIRS AND MAINTENANCE	54,807.	51,752.	3,055.	
b	UTILITIES EXPENSE	45,939.	40,426.	5,513.	
c	PERFORMING ARTIST FEES	45,020.	45,020.		, <u>, , , , , , , , , , , , , , , , , , </u>
d	OFFICE SUPPLIES EXPENSE	42,990.	8,821.	29,640.	4,529
e	PROFESSIONAL FEES	31,764.	6,536.	22,172.	3,056.
f	All other expenses	90,442.	70,449.	14,705.	5,288
25	Total functional expenses. Add lines 1 through 24f	1,797,323.	1,451,289.	256,370.	89,664
26	Joint Costs Check here ▶ ☐ If following				
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		j		

Pai	LA	Dalance Officet			
·	•		(A) Beginning of year		(B) End of year
	4	Cash · non-interest-bearing	24,493.	1	64,564.
	1	Savings and temporary cash investments	24,455.	2	02/002.
	2	Pledges and grants receivable, net	294,994.	3	221,236.
	3	Accounts receivable net	21,681.	4	14,803.
	4	Receivables from current and former officers, directors, trustees, key	21,001.		11,7000.
	5	employees, or other related parties Complete Part II of Schedule L		5	
		Receivables from other disqualified persons (as defined under section			
	6	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
		Notes and loans receivable, net		7	<del>_</del>
Assets	7	Inventories for sale or use	6,498.	8	6,128.
Ass	8	Prepaid expenses and deferred charges	953.	9	14,737.
	9				227.0
	10a	Less accumulated depreciation Complete			
	6	Part VI of Schedule D 10b 1, 225, 535	2,019,517.	10c	1,976,835.
	44	Investments - publicly traded securities	51,601.	11	36,609.
	11 12	Investments - publicly traded securities  Investments - other securities See Part IV, line 11	31,0010	12	30,003.
	13	Investments - other securities - see Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,770.	15	10,908.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,432,507.	16	2,345,820.
	17	Accounts payable and accrued expenses	21,981.	17	37,523.
	18	Grants payable		18	
	19	Deferred revenue	42,280.	19	51,392.
Liabilities	20	Tax-exempt bond !!abilities	10/2000	20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
īg		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	940,280.	23	925,106.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	97,261.	25	183,788.
	26	Total liabilities. Add lines 17 through 25	1,101,802.	26	1,197,809.
		Organizations that follow SFAS 117, check here   X and complete	-		
ģ		lines 27 through 29, and lines 33 and 34.			
ű.	27	Unrestricted net assets	924,501.	27	832,966.
ala	28	Temporarily restricted net assets	366,558.	28	270,045.
Fund Balances	29	Permanently restricted net assets	39,646.	29	45,000.
뒬		Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,330,705.	33	1,148,011.
	34	Total liabilities and net assets/fund balances	2,432,507.	34	2,345,820.
Paı	rt XI	Financial Statements and Reporting			
					Yes No
1	Acco	ounting method used to prepare the Form 990 🔲 Cash 🛛 🛣 Accrual [	Other		
2a	Were	e the organization's financial statements compiled or reviewed by an independent	nt accountant?		2a X
b	Were	the organization's financial statements audited by an independent accountant	?		2b X
С	If "Y€	es" to lines 2a or 2b, does the organization have a committee that assumes resp	consibility for oversight of the	audit	,
	revie	w, or compilation of its financial statements and selection of an independent ac	countant?		2c X
3а	As a	result of a federal award, was the organization required to undergo an audit or a	audits as set forth in the Sing	le Aud	
	Act a	and OMB Circular A-133?			3a X
h	If "Ye	es " did the organization undergo the required audit or audits?			136

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

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Employer identification number Name of the organization 22-2552850 CONCORD COMMUNITY MUSIC SCHOOL 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 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 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 the Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 c \_\_\_\_ Type III - Functionally integrated d Type III - Other a Type I b Type II 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 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Y<u>es</u> (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (vii) Amount of (i) Name of supported (ii) EIN organization in col (i) listed in your organization in col. organization support (i) organized in the U.S? (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No Yes No (see instructions))

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

Schedule A (Form 990 or 990 EZ) 2008  Part II Support Schedule for C  (Complete only if you checked			Sections 170	(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	Page 2_ (i)
Section A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		~				
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4					+	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(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	<del></del>			<u> </u>		
or loss from the sale of capital						
assets (Explain in Part IV )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	tc (see instructi	ons)			12	
13 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3)	
organization, check this box and stop					· · · · · · · · · · · · · · · · · · ·	<u>▶</u> □
Section C. Computation of Public	Support Pe	rcentage				
14 Public support percentage for 2008 (lin		•	olumn (f))		14	%
15 Public support percentage from 2007 S	•	•			15	<u>%</u>
16a 33 1/3% support test - 2008. If the or	•		•	14 is 33 1/3% or	more, check this bo	x and
stop here. The organization qualifies a		•		limo 15 - 00 1 00	/ au mara abasi 115	<b>▶</b>
b 33 1/3% support test - 2007. If the or	•		*	mie io is 33 1/39	o or more, check th	IS DOX
and stop here. The organization qualifited and stop here. The organization qualifited and stop here. The organization qualifited and stop here. The organization qualifited and stop here. The organization qualifited and stop here. The organization qualifited and stop here.				13 16a or 16b	and line 1 \ is 10%	or more
and if the organization meets the "facts						

Schedule A (Form 990 or 990-EZ) 2008

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

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

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

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

Schedule A (Form 990 or 990-E <i>7</i> ) 20	nο

Page 3

	art III Support Schedule for (	Organizations	Described in	Section 509(a	(Complete only i	f you checked the	box on line 9 of Part I.)
Se	ction A. Public Support	·		,	·•		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	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						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	Г	1	· · · · · · · · · · · · · · · · · · ·	1		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
_	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	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 in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9 10c 11, and 12)		- frank and 199		<u>l</u>	5041.1/01	
14	First five years. If the Form 990 is for	trie organization's	s iirst, secona, thir	a, rourth, or fifth ta	ax year as a section	⊃u⊺(c)(3) organ	ization,
Sec	check this box and stop here	ic Support Pe	rcentage		<del>_</del> -		
		•				4.5	04
	Public support percentage for 2008 (I		•	column (t))		15	%
16 Sec	Public support percentage from 2007 ction D. Computation of Investigation					16	<u>%</u>
				10 1 (0)			
17	Investment income percentage for 20			ne 13, column (t))	_	17	%
18	Investment income percentage from 2				<u>-</u>	18	<u>%</u>
198	33 1/3% support tests - 2008. If the						1/ is not
	more than 33 1/3%, check this box at						. ▶∟
b	33 1/3% support tests - 2007. If the	<del>-</del>					<del></del> 1
20	line 18 is not more than 33 1/3%, che					-	
<u> 20</u>	Private foundation. If the organization	n did not check a	00x 011 III.ie 14, 19	a, or 190, check th			90 or 990-EZ) 2008

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public

Name of the organization

to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

vam	control community	MIISTC SCHOOL	22-2552850
Pa			
-	organization answered "Yes" to Form 990, Part IV, Iii		
	organization anovorous 100 to 101111000;11 art 11; iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
5	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor	<del>-</del>	
O	for charitable purposes and not for the benefit of the donor	·	. — —
Pa			
1	Purpose(s) of conservation easements held by the organiza		T GIT 14, 1110 7
•	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat		fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con	eservation contribution in the form of a co	nservation easement on the last day
-	of the tax year	iscivation contribution in the form of a con-	noorvation casoment on the last adj
	or the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	· ·	2d
3	Number of conservation easements modified, transferred, re		
•	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	<b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	eitems	
þ	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gaın, provide
	the following amounts required to be reported under SFAS	116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>S</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		COMMUNITY						<u>-25528</u>		
Pa	rt III Organizations Maintaining C	collections of Ar	t, Hist	orical Tr	easures, d	or Othe	<u>er Similar A</u>	ssets (co	<u>ntınuec</u>	1)
3	Using the organization's accession and othe	r records, check any	of the fo	ollowing tha	it are a signif	icant use	e of its collection	on items (ch	ieck all	
	that apply)									
а	Public exhibition	d	ı	oan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further ti	he organizati	on's exe	mpt purpose ir	Part XIV		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	ollection?			Yes		□ No
Pa	rt IV Trust, Escrow and Custodial reported an amount on Form 990, Par	-	Comple	ete if organi	zation answe	ered "Ye	s" to Form 990	), Part IV, lu	ıe 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for o	contribution	s or other as	sets not	included			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able						
			_					Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	212					Yes		No
	If "Yes," explain the arrangement in Part XIV									
	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10									
٠		(a) Current year		rior year	(c) Two year	1	(d) Three years	back (e) F	our years	back
1a	Beginning of year balance	39,646.	1.27	7			1-1			
b	Contributions	33,0201								
	Investment earnings or losses	5,354.				i				
ا	Grants or scholarships	3,334.				i				
۵	Other expenditures for facilities					ĺ				
e	·									
	and programs Administrative expenses									
· ·	'	45,000.								
g	End of year balance  Provide the estimated percentage of the yea				L	}				
2	, ,	r end balance neld a	s %							
	Board designated or quasi-endowment ►  Permanent endowment ► 100.00	%	_70							
	Are there endowment funds not in the posse	•	stan tha	t ara bald a	ad administa	rad far t	ha araaaizatiar	_		
3a		SSION OF THE ORGANIZA	uon ma	i are neiu a	nu aummiste	ireu ioi i	ne organization	•	V	No
	by							2=/		X
	(i) unrelated organizations							3a(		X
_	(ii) related organizations	hatad as resulted a	n Cabad	ula D2				<u>3a(</u>  3b	1	1
	If "Yes" to 3a(ii), are the related organizations  Describe in Part XIV the intended uses of the	•						[ 30		1
Dai	t VI Investments - Land, Building				Part V. line	10	<del></del>			
- 41		<u> </u>						(4) 0	بامد بامد	
	Description of investment	(a) Cost or of basis (investment)		(b) Cost basis	(other)	(c) L	epreciation	(a) b	ook valu	
1a	Land				9,397.			<del> </del>	<u>79,3</u>	
b	Buildings				2,002.		66,117.		<u>35,8</u>	
С	Leasehold improvements				2,272.		187,872.		24,4	
d	Equipment				6,449.		<u>971,546.</u>	<u> </u>		97.
e	Other				<u>2,250.</u>			ļ		<u>50.</u>
Total	. Add lines 1a 1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), li	ne 10(c) )				<u> 1,9</u>	<u>76,8</u>	<u>35.</u>

Schedule D (Form 990) 2008

under FIN 48 832053 12-23-08

	dule D (Form 990) 2008 CONCORD COMMUNITY MUSIC SC			<u> 22-</u>	<u> 2552850</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Financial Sta	tements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,620	<u>,596.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,797	<u>,323.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<176	, <b>727.</b> :
4	Net unrealized gains (losses) on investments		4			<u>.500.</u> :
5	Donated services and use of facilities		5		9_	<u>,533.</u>
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4-8		9		<5_	<u>, 967 .</u> :
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10			<u>.694.</u> :
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per F	Return		
1	Total revenue, gains, and other support per audited financial statements			1	1,614	<u>,628.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a <	<u>15,501</u>			
b	Donated services and use of facilities	2b	9,533	<u>-</u>		
С	Recovenes of prior year grants	2c		_  [		
d	Other (Describe in Part XIV)	2d		-		
е	Add lines 2a through 2d			2e		<u>,968.</u> :
3	Subtract line 2e from line 1			3	1,620	<u>,596.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b		_		
С	Add lines 4a and 4b			4c		<u> </u>
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	1,620	<u>,596.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	enses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	1,797	<u>,323.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Losses reported on Form 990, Part IX, line 25	_2c		<u> </u>		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2 <del>e</del>		<u>       0                             </u>
3	Subtract line 2e from line 1			3	1,797	<u>,323.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 1		
ь	Other (Describe in Part XIV)	4b		_		
c	Add lines 4a and 4b			4ರ		0.
_5_	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,797	<u>,323.</u>
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4, F	art IV, lines	1b and	2b, Part V, line	4, Part
X, Pa	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b					
		<del>-</del> ·				
		<del>.</del>				
	<del></del>		<del> </del>			
				<del> </del>		

## SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

**Schools** 

▶ To be completed by organizations that

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

CONCORD COMMUNITY MUSIC SCHOOL

Employer identification number 22-2552850

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1_1_	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	_3_	Х	
	THROUGH ADVERTISING AND REGISTRATION LITERATURE	İ		
4	Does the organization maintain the following?	l		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b		4b	Х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to	ŀ		
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	_5f		<u>X</u>
9	· · ·	5g		X
h	Other extracurricular activities?	5h		<u> X</u>
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
e -	Does the organization receive any financial aid or assistance from a governmental agency?	6a		x
	•	6b		X
O	Has the organization's right to such aid ever been revoked or suspended?	OD		
7	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
7	Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	7	x	
	nev 1100 1330, 13732 0 b. 301, covering racial nondiscrimination? If two, attach an explanation		41	

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

Schedule E (Form 990 or 990-EZ) 2008

SCHEDULE					:			OMB No 1545-0047	45-0047
(Form 990)			Grants and Governi	Grants and Otner Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organizations tuals in the U.S.	رة.		2008	,±
Department of the Treasury internal Revenue Service		▶ Сошрі	► Complete if the organizatic	on answered "Yes," on F	," on Form 990, Pa	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.  Attack to Form 900		Open to Public	Public ,
Name of the organization	CONCORD	COMMUNITY	MUSIC SCHOOL				Ш	Employer identification number	n number
Part I General In	122	.l							200
1 Does the organiza	Does the organization maintain records to substantiate the amount of	substantiate the	amcunt of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uc	
	criteria used to award the grants or assistance?	nce?	,			)		X Yes	<b>8</b>
》	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monit	oring the use of grant	funds in the United	d States	-			
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	vernments and	Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" on Form 990, Part I'	V, line 21, for any	
recipient th	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	000 Check this	box if no one recipier	nt received more th	ian \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if additional	space is needed	
1 (a) Name and ad	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
	Enter total number of section 501(c)(3) and government organizations	government or	ganizations					<b>A</b>	
۳۱	Enter total number of other organizations				:	:		•	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	990) 2008

Schedule I (Form 990) 2008 (f) Description of non-cash assistance STUDENTS ON AN AS-NEEDED BASTS FINANCIAL AID IS PROVIDED TO (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ADDRESSES OF THE RECIPIENTS ARE AVAILABLE AT THE CONCORD 193,934, FMV (d) Amount of non-cash assistance 0 27 (c) Amount of cash grant 855 (b) Number of recipients (a) Type of grant or assistance COMMUNITY MUSIC SCHOOL VARIOUS FINANCIAL AID TO STUDENTS THE NAMES & 832102 12-18-08 Part IV

Page 2

22-2552850

(Form 990) 2008 CONCORD COMMUNITY MUSIC SCHOOL

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed

Schedule I (Form 990) 2008

Part III

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number CONCORD COMMUNITY MUSIC SCHOOL 22-2552850 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (g) Written (a) Name of interested (b) Loan to or from (e) in (c) Original principal (d) Balance due person and purpose the organization? amount default? agreement? committee? To From Yes No Yes No Yes No <u>Total</u> Part III **Grants or Assistance Benefiting Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27 · (a) Name of interested person (b) Relationship between interested person and (c) Amount of grant or type the organization of assistance **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (a) Name of interested person (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? No PANSY BLOOMFIELD 20,911 THE SCHOOL BOARD MEMBER Х

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

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

CONCORD COMMUNITY MUSIC SCHOOL

Employer identification number 22-2552850

Part I Types of Property (a) (b) (c) (d) Method of determining Check if Number of Revenues reported on applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded Securities · Closely held stock 10 Securities · Partnership, LLC, or trust interests Securities · Miscellaneous 12 Qualified conservation contribution 13 (historic structures) Qualified conservation contribution (other) 14 Real estate · Residential 15 Real estate - Commercial 16 Real estate · Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 34,062 ( MUSIC SUPPLIE) Other 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2008

31

32a

Х

31

33

contributions?

b If "Yes," describe in Part II

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

CONCORD COMMUNITY MUSIC SCHOOL

Employer identification number 22-2552850

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPERIENCES FOR PEOPLE OF ALL AGES, MUSICAL ABILITIES, AND BACKGROUNDS.
FORM 990, PART VI, SECTION A, LINE 10:
1.THE FINANCE COMMITTEE OF THE BOARD AND THE DIRECTOR OF FINANCE AND
ADMINISTRATION SHALL OVERSEE THE TIMELY PREPARATION OF THE FORM 990.
2.THE FINANCE COMMITTEE OF THE BOARD SHALL REVIEW THE COMPLETED FORM 990 IN
DETAIL PRIOR TO THE CIRCULATION OF THE FORM 990 TO THE BOARD. THE FINANCE
COMMITTEE SHALL ADDRESS ANY QUESTIONS OR CONCERNS WITH THE PREPARER AND
SHALL SEEK TO RESOLVE SUCH QUESTIONS AND CONCERNS IN A TIMELY MANNER TO
ALLOW CIRCULATION TO AND REVIEW BY THE BOARD PRIOR TO THE FILING OF THE
FORM 990 WITH THE IRS. DOCUMENTATION OF THE FINANCE COMMITTEE REVIEW SHALL
BE INCLUDED IN THE COMMITTEE MINUTES.
3.UPON COMPLETION OF ITS REVIEW, THE FINANCE COMMITTEE SHALL CAUSE THE FORM
990 TO BE ELECTRONICALLY TRANSMITTED TO EACH MEMBER OF THE BOARD FOR
HIS/HER REVIEW AND APPROVAL BY A SPECIFIED RESPONSE DATE.
4.EACH BOARD MEMBER SHALL RESPOND TO THE FINANCE COMMITTEE WITH ANY
COMMENTS AND HIS/HER DECISION ON THE APPROVAL OF THE FORM 990 BY THE
SPECIFIED RESPONSE DATE ("RESPONSE DATE"). FAILURE OF A BOARD MEMBER TO
RESPOND BY THE RESPONSE DATE SHALL CONSTITUTE APPROVAL OF THE FORM 990.
THE FINANCE COMMITTEE SHALL ADDRESS ANY QUESTIONS AND TAKE APPROPRIATE
ACTION. THE BOARD'S APPROVAL OF THE FORM 990 SHALL BE MEMORIALIZED IN THE
FINANCE COMMITTEE MINUTES, WHICH SHALL INCLUDE A REPORT ON THE STEPS TAKEN  LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2008  832211 12-18-08

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

**Employer identification number** Name of the organization 22-2552850 CONCORD COMMUNITY MUSIC SCHOOL IN RESPONSE TO ANY COMMENTS FROM BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS BY REQUIRING BOARD MEMBERS TO REVIEW POLICIES FOR ANY CHANGES. FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEW PROCESS FOR THE PRESIDENT/CEO 1.THE PRESIDENT/CEO WRITES A SELF-EVALUATION AND ANNUAL REPORT OF PROGRESS TOWARD THE ORGANIZATIONAL GOALS (THESE GOALS ARE VOTED ON BY THE BOARD AT THE BEGINNING OF YEAR); THIS DOCUMENT ALSO ANSWERS QUESTIONS POSED BY THE BOARD CHAIR WITH INPUT FROM THE EXECUTIVE COMMITTEE RELATING TO PERSONAL PERFORMANCE AND RELATIONS WITH THE BOARD. 2. THIS DOCUMENT IS SENT TO THE FULL BOARD. 3. THE BOARD CHAIR GATHERS WRITTEN INFORMATION FROM THE APPROPRIATE STAFF AND FACULTY MEMBERS AS WELL AS FROM THE FULL BOARD, AND COMPILES THE FEEDBACK FOR THE EXECUTIVE COMMITTEE. 4. THE EXECUTIVE COMMITTEE MEETS TO DISCUSS THE SELF-EVALUATION DOCUMENT AND FEEDBACK FROM OTHERS, AND PREPARES THE MAIN POINTS OF THE EVALUATION, WHICH IS SENT TO THE BOARD.

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

CONCORD COMMUNITY MUSIC SCHOOL

Employer identification number 22-2552850

TRUSTEES TO DISCUSS AND FINALIZE THE EVALUATION.
6.THE BOARD CHAIR AND ANOTHER TRUSTEE MEET WITH THE CEO TO DISCUSS THE
EVALUATION; A WRITTEN DOCUMENT SUMMARIZING THE EVALUATION IS GIVEN TO THE
CEO ALONG WITH A DECISION OF THE FOLLOWING YEAR'S COMPENSATION LEVEL.
THE BOARD CHAIR MAY CALL AN EXECUTIVE SESSION WITHOUT STAFF PRESENT AT ANY
TIME THROUGHOUT THE YEAR TO SOLICIT FEEDBACK FROM THE BOARD THAT CAN
CONTRIBUTE TO THE EVALUATION OF THE PRESIDENT/CEO'S PERFORMANCE IN AN
ONGOING PROCESS.
PROCESS FOR DETERMINING COMPENSATION
I. THE EXECUTIVE COMMITTEE WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A
RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS)
OF THE CHIEF EMPLOYED EXECUTIVE (THE PRESIDENT/CEO OR OTHERWISE TOP
MANAGEMENT OFFICIAL) BASED ON A REVIEW OF COMPARABILITY DATA FOR SIMILARLY
QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.
THIS DATA MAY INCLUDE THE FOLLOWING:
1. SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES;
2.WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS;
3.DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NON-PROFIT AND
FOR-PROFIT ORGANIZATIONS; AND
4.INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR
ORGANIZATIONS.

832211 12-18-08

# SCHEDULE O

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Department of the Treasury Form 990 or to provide any additional information. Inspection Internal Revenue Service **Employer identification number** Name of the organization 22-2552850 CONCORD COMMUNITY MUSIC SCHOOL COMMITTEE AND APPROVE OR AMEND ITS RECOMMENDATIONS. CONCURRENT DOCUMENTATION. TO APPROVE THE COMPENSATION FOR THE PRESIDENT/CEO, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED. INDEPENDENCE IN SETTING COMPENSATION: THE CHAIR OF THE BOARD OF TRUSTEES, WHO IS A VOLUNTEER AND NOT COMPENSATED BY CCMS, WILL OPERATE INDEPENDENTLY WITHOUT UNDUE INFLUENCE FROM THE PRESIDENT/CEO. NO MEMBER OF THE EXECUTIVE COMMITTEE WILL BE A STAFF MEMBER, THE RELATIVE OF A STAFF MEMBER, OR HAVE ANY RELATIONSHIP WITH STAFF THAT COULD PRESENT A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION C, LINE 18: THE SCHOOL ALLOWS THE PUBLIC TO VIEW ITS FORM 990 THROUGH A THIRD-PARTY WEBSITE OR UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL ALLOWS THE PUBLIC ACCESS TO ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS UPON REQUEST. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PANSY BLOOMFIELD (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 20911.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization CONCORD COMMUNITY MUSIC SCHOOL	Employer identification number 22-2552850
(D) DESCRIPTION OF TRANSACTION: THE SCHOOL PURCHASES STEA	AM TO HEAT THE
SCHOOL THROUGH CONCORD STEAM CORPORATION, WHICH IS OWNED	BY A MEMBER OF
THE BOARD OF TRUSTEES.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
<del></del>	
<del></del>	
<del></del>	
	<del></del>

Form **8868** 

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If	• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do n	Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A co	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete						
Part	lonly		▶ □					
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a e income tax returns.	n exter	nsion of time ·					
note: (not : you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or composite or composite to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for an accordance of the file for Chanties & Nonprofits.	ically it	f (1) you want the additional lated Form 990-T Instead,					
Туре		Emp	oloyer identification number					
print	CONCORD COMMUNITY MUSIC SCHOOL	2	2-2552850					
File by the due date for filling your 23 WALL STREET								
retum instruc	See							
Chec	Check type of return to be filed (file a separate application for each return)    X   Form 990							
	MARGARET SENTER, PRESIDENT & CEO  • The books are in the care of ▶ 23 WALL STREET - CONCORD, NH 03301							
• If t	Telephone No. ► 603-228-1196  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.							
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  □ calendar year or □ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 .							
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period					
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions.	3a	\$					
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated							
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$					
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	22.6						
	See Instructions.	3c	\$ N/A					
		1 40	1.7					

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Form	8868 (Rev. 4-2009)		Pa	age 2
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this by . Only complete Part II if you have already been granted an automatic 3-month extension on a previously file		<b>&gt;</b> X	]
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par		copies need	ded).	
Туре	Name of Exempt Organization	- 1	er identification num	ber
print	CONCORD COMMUNITY MUSIC SCHOOL	22-	2552850	
File by extended due da	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS		
filing th return. instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions			<u></u>
_	k type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form	· <b>—</b> ·· -	3870
STOF	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly filed F	orm 8868.	
Te ● Ift ● Ift box	· · · · · · · · · · · · · · · · · ·		e whole group, check	] this
		TITM 3	0, 2009	
	If this tax year is for less than 12 months, check reason: Initial return Final return		ange in accounting pe	
	State in detail why you need the extension	L One	ings in accounting po	,1100
	THE ORGANIZATION IS WAITING FOR INFORMATION FROM A TH NECESSARY TO ENSURE AN ACCURATE AND COMPLETE RETURN.	IRD PA	RTY THAT IS	<u>S</u>
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	8a \$		
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	•		
	previously with Form 8868.	8b \$		
C	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		•	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	. 8c \$	N/A	
	Signature and Verification			
Jnder t is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the, correct, and complete, and that I am puthorized to prepare this form.	ne best of my	knowledge and belief,	
Signati	UIE D CPA	Date 🕨	214/2010	
	ov. Hay save		Form <b>8868</b> (Rev. 4-	2009)