

### 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	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black								
		he Topasury	lung benefit trust or private foundation)  The organization may have to use a copy of this return to satisfy state				Open to Public Inspection		
		2009 enlands	r year, or tax year beginning JULY 01 .2008, an				.2009		
B Che	ch u	2008 Calenda	C Name of organization THE CHAMBER MUSIC SOCIETY C						
	cable:	use IR	S	JL 10	37-03	728	46		
Н	ress chi	10001		Room/ suile	E Teleph				
⊢ŧ	AD CLYSU	type	- ·	\$vile			-5637		
T junita	ıl retum	,	P.O. BOX 3620		(433)	132	-3037		
Terr	nunation				G Gross		20 568		
Ame	mded re		LOGAN UT 84323-3620		receip		70,560		
App	ication			-	roup return fo		H H		
					illaies Include		∐ Yes ∐ No		
			X 501(c)(3 )    (Insert no )   4947(a)(1) or   527		itach a līst (s		ctons)		
J We	bsite	:▶ www.c	mslogan.org   H(c)	Croup ex	emption numb		<u> </u>		
К тур	of org	anization X C	Corporation Trust Association Other ► L Year of form	ation	1981	M Sk	ite of legal domicte UT		
Par	t I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities:						
	THE	CHAMBE					A SERIES		
A C C C	ΟF	FIVE CH	AMBER MUSIC CONCERTS AND ASSOCIATED	COMM	UNITY	EN	GAGEMENTS		
00>=RZ4Z0	Œ.	G., MAS	TER CLASSES, LECTURES, DEMONSTRATION	S).					
ÝĚ	2	Check this bo	if the organization discontinued its operations or disposed of more	than 25	% of its as	sets			
I R	3		ting members of the governing body (Part VI, line 1a)			3	13		
į A	4		dependent voting members of the governing body (Part VI, line 1b)			4	13		
E C	5		of employees (Part V, line 2a)	\V	Y	5	0		
Ĕ			of volunteers (estimate if necessary)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,	6	15		
&	6		related business revenue from Part VIII, line 12, column (C)	~ <b>} !</b>		7a	0		
				\·X . U.		7b	0		
	ь	Net unrelated	business taxable income from Form 990-T, line 34	<u> </u>	rior Year	1.0	Current Year		
R	_				47,98				
RE	8		and grants (Part VIII, line 1h)	<u> </u>			42,837		
ΩΩ€	9	_	ice revenue (Part VIII, line 2g)	<u> </u>	20,89		19,626		
ON.	10		come (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	3,21		2,078		
<u>≥</u> ĕ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e),	<b></b>	35		792		
<del>-</del>	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>!</b>	72,44	9	65,333		
<u>Z</u> M	13		milar amounts paid (Part IX, column (A), lines 1-3).	<b></b>					
O <sub>F</sub>	14	Benefits paid							
MAR AR	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)						
₽Ë	16a	Professional I	fundraising fees (Part IX, column (A), line 11e)						
N	þ	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶ 515	L					
અડ ∋દ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)		64,17	18	67,786		
	10		es, Add lines 13-17 (must equal Part IX, column (A), line 25)		64,17	18	67,786		
2	19		expenses Subtract line 18 from line 12		8,27		-2,453		
OR HOZO				Begi	nning of Y	ear	End of Year		
FRA	20	Total assets (	Part X, line 16)		78,11	. 3	75,662		
SEX	21		s (Part X, line 26)						
2025	22		fund balances. Subtract line 21 from line 20		78,11	3	75,662		
Par	111	Signature		1					
1 61			of perjuny. I declare that I have examined this return, including accompanying schedules and sinten	nents, and	to the best of	my kno	wiedge and		
		ballet, it is true, o	correct and complete. Declaration of preparer (other than officer) is bread on all information of white	ch preparer	has any kno	wledge			
Cimm		1	an Alukan				1-24-2010		
Sign		Ju	sandunam			~	Date		
Here	•	,	re of officer AN DURHAM TREASUR	CD			D010		
				<u>v</u>					
			print name and title	hock d			teath leanning to the state of		
		Preparer's		Check if Left-	_ '	parers io	lentifying number (see instr.)		
Pald		signature							
Prepa	rer's	Firm s name (or	yours Saunders Wangsgard & Associates	PQE	IN	<u> </u>			
Use C		if self-employed)			••		JE, JES 5355		
		address and ZII		<u>i F</u>	Phone no.	<b>▶</b> (4			
			return with the preparer shown above? (see instructions)	<u> </u>	<u>.</u>		Yes 🔀 No		
EAT D	rivac	v Act and Par	perwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2008)		

08 99012 FWF 26866 Copyright Forms (Software Only) - 2008 TW

34

Form	990 (2008) THE CHAMBER MUSIC SOCIETY 87-0372846	Page 2
Par	Statement of Program Service Accomplishments(see Instructions)	
1	Briefly describe the organization's mission:	
	THE CHAMBER MUSIC SOCIETY OF LOGAN, INC., (CMSL) PRESENTS A SERIES	OF
	FIVE CHAMBER MUSIC CONCERTS AND ASSOCIATED COMMUNITY ENGAGEMENTS	<del></del>
	(E.G., MASTER CLASSES, LECTURES, DEMONSTRATIONS).	
	(E.G., PASIER CLASSES, BECTORES, DEPONSTRATIONS).	
	Oid the organization undertake any significant program services during the year which were not listed on	
2		<b>₽</b>
	the pnor Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services? Yes	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4 <sub>a</sub>	(Code ) (Expenses \$ 63, 311 including grants of \$ ) (Revenue \$ 19, 626	<del></del>
_	See attachment #2	<u> </u>
	occ accae	
-	(Code' ) (Expanses \$ including grants of \$ ) (Revenue \$	
40	(FOOR. ) (Cybardaa)	—′
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	}
		<del></del>
_		
4d	Other program services (Describe in Schedule O.)	· — —
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ▶ \$ 63, 311 (Must equal Part IX, Line 25, column (8))	
JVA	08 99012 TWF 20867 Copyright Forms (Software Only) - 2008 TW Form 99	(2008)

Form 990 (2008) THE CHAMBER MUSIC SOCIETY 87-0372846

Page 3

Par	t IV   Checklist of Required Schedules		T V	<del></del>
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ſ	Yes	No
	complete Schedule A	1	X	l
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," complete Schedule C. Part I	3	ł	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C.			
	Parl 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	<u> </u>	1	$\vdash$
•	and reporting requirement and proxy tax? If Yes, complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			$\vdash$
·	provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete	[	1	1
	Schedule D, Part I	6	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	<del>                                     </del>	┼╌~
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	[	x
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>	$\vdash$	<del>  ^`</del>
8		a		X
_	complete Schedule D. Part III	<del></del> -	<del> </del>	<del>  ^</del>
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.*	١.		
	complete Schedule D, Part IV	9	<b></b> -	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If `Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	1	ļ	١.,
	Parls VI, VIII, VIII, IX, or X as applicable	11	<u> </u>	X
12	Did the organization receive an audited financial statement for the year for which it is completing this return			١
	that was prepared in accordance with GAAP? If 'Yes," complete Schedule D, Parts XI, XII, and XIII	12	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,* complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the U.S?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising.	}	ļ	Į
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	<u> </u>	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	Γ		
	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	1	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	1	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	T	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	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	ŀ	X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	$\vdash$		<del></del>
<b>4</b> 70	the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete	ſ	1	ĺ
	Schedule K If "No," go to question 25	248	l	x
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245		<del>  ``</del> `
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-	<del></del>	<del> </del>
C	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	<del> </del> -	<del> </del>
		240	├—	├
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a	25-		l u
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		1	
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> ×                                   </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	]	1	ļ
	disqualified person outstanding as of the end of the organization's tax year? If Yes," complete Schedule L. Part II	26	<b> </b>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			]
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	06.5	X
JVA	08 99034 TWF 26868 Copyright Forms (Software Only) - 2008 FW	Form	990	(2008)

THE CHAMBER MUSIC SOCIETY 87-0372846 Form 990 (2008) Page 4 Checklist of Required Schedules (continued) Part IV Yes No 28 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. Х Part IV ...... b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 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 28c  $\widetilde{\mathbf{X}}$ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ......... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х III, IV, and V, line 1 ... ... . ... . ... . ... . ... 34 is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х 35 Section 501(c)(3) organizations.Old the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Form 990 (2008) JVA Copyright Forms (Software Only) - 2008 TW

JVA

Form 9	90 (2008) THE CHAMBER MUSIC SOCIETY 87-0372846		P	age 5
Part '	V Statements Regarding Other IRS Filings and Tax Compliance		Υ	
	- V		Yes	No
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	)		
	*U.S. Information Returns. Enter -0- if not applicable	1		
Þ		{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	}	ì
0-	gaming (gambling) winnings to prize winners?	)— <u>;                                    </u>		<del> </del>
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	1 2Ь	1	} 
Ъ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<del>                                     </del>	<del> </del> -	├
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	]	]	}
Ja	this return?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	
	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		}	1
	Financial Accounts.		1	1
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		X
c	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	<u> </u>	<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ì	l
	gifts were not tax deductible?	6b	<b> </b>	ļ
7	Organizations that may receive deductible contributions under section 170(c).	l _	ļ	<b>\</b>
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	<b>└</b>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b	<del> </del>	<b>├</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.	1	x
	required to file Form 8282?	7c	┼──	<del>├</del> ^
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	┨		[
8		78	ł	X
f	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	<del> </del>	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del> -	X
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u>*</u>	<del>                                     </del>	† <del>*</del>
•••	required?	7h	x	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)		† <del></del>	<del>                                     </del>
-	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization,	1	1	Ì
	have excess business holdings at any time during the year?	8		X
` g	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 49667	9a	<u> </u>	X
b	Oid the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations Enter:	1		[
а	initiation fees and capital contributions included on Part VIII, line 12 10a	Į	1	į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		]
11	Section 501(c)(12) organizations.Enter	1	1	
а	Gross income from members or shareholders	1	(	1
þ	Gross income from other sources (Do not net amounts due or paid to other sources	Į	1	. }
	against amounts due or received from them.)	1	}	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 10417	12a	<u></u>	X
_ь	if 'Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Form	990	(2008
JVA	08 99056 TWF 28871 Copyright Forms (Software Only) - 2008 TW	r our	JJU (	,2000

Copyright Forms (Software Only) - 2008 TW

	90 (2008) THE CHAMBER MUSIC SUCIETY 67-0372646		P:	age o
Part				
	required by the Internal Revenue Code )			
Section	n A Governing Body and Management			
	The state of the Control of the state of the	$\overline{}$	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	) )		ĺ
	circumstances, processes, or changes in Schedule O. See instructions	1 1		
1a	Enter the number of voting members of the governing body	1 1		ĺ
Ъ	Children and members at the same the part of the same	- 1		ĺ
2	Did any officer, director trustee, or key employee have a family relationship or a business relationship with	.		v
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 _ 1		J
	supervision of officers, directors or trustees, or key employees to a management company or other person?	$\frac{3}{4}$		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	- 17	X
6	Does the organization have members or stockholders?	6	X	<del> </del>
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members	1 _ 1	.,	1
	of the governing body?	7a	X	17-
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1 1		i
	the year by the following	1 . !	,,	1
а	The governing body?	8a	X	ļ
Þ	Each committee with authority to act on behalf of the governing body?	8b	X	<del></del>
9a	Does the organization have local chapters, branches, or affiliates?	9a	ļ <del></del> -	<u> </u>
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	ایرا		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	<u> </u>	<del> </del>
10	Was a copy of the Form 990 provided to the organization's governing body before it was fited? All organizations	1 40	V	1
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<b>├</b> -
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1	ì	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	L	X
Sectio	n B. Policies		Yes	N-
	A section of the sect	12a	162	No X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	<u> </u>	├^
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	ĺ	
	rise to conflicts?	120	<u> </u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If Yes."	12-		
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	14		<del> </del>
14	Does the organization have a written document retention and destruction policy?	14		<del>  ^</del>
15	Did the process for determining compensation of the following persons include a review and approval by	{		•
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	450	}	v
а	The organization's CEO, Executive Director, or top management official?	15a	<del> </del>	X
ь	Other officers or key employees of the organization?	15b	<del> </del>	<del>  ^</del>
	Describe the process in Schedule O. (see instructions)	}	{	ł
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-	1	X
	with a taxable entity during the year?	16a	<del></del>	<del>  ^-</del>
b	If Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		l	ł
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	}	ļ
		100	<u></u>	Щ
	n C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed > UT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection, indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of Interest			
	policy, and financial 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			
	organization ► See attachment #3			

Form 990 (2008)

THE CHAMBER MUSIC SOCIETY

87-0372846

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Contplete 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, or 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 companisated employees, and former such persons

	check all that apply)	(b) Reportable	(E) Reportable	(F) Estimated
TRUSTITUTIONAL	FORMER  EMPLOYEE  COMPENSATED  HEY  LEY  LEY  LEY  LEY  LEY  LEY  LEY	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
х		0	0	0
×		o	0	0
х		0	þ	0
Х		0	lo	o
X		0		0
×		6	0	0
x		o	o o	o O
×		-0	þ	o
x	x	o	o I	o
х	X	0	<b>(</b> 0	lo L
X	X	p	0	0
^			ľ	

	990 (2008) THE C								-0372846	7	<del></del>	P	age 8
Part			s, Trust	ees, K			es, and	High			ig)	(E)	
	(A) Name and title	(B)	, p.	cition	_	;) ( all th	at apply)		(D) Reportable	(E) Reportable	==	(F) timated	4
	Name and the	Average hours	1 T D	I T	<del></del>			E	compensation	compensation	1	water	
		per	NRI	N U S U S T S	O F F	KEYP	H C E I O M G M P	ORME	from	from related		other	-
		week	DUR   SE VIC	ŤŠ	į	L	HPL	M E	the	organizations	com	pensat	ion
		1		TEUE	- CHR	0 4 6	SNY	R	organization	(W-2/1099-MISC)		om the	
			D E OR	] }	]	E	ĄE		(W-2/1099-MISC)	ļ	1 -	anizatio	
		,	LR	O N	l I	1	E	i			1	f refate inizaŭŭ	
			<u> </u>	1		ļ							
		ĺ	[				[				1		
											}		
			[				·			{	[		
							'						
				{		ĺ							
		{	[		[	[				[			
									(				
										ĺ			
					•					(			
		İ			<b>`</b>		[			(			
			<b>,</b>		{	ľ	!			(			
			{		{				Į.	Ì			
			1		1	Ì	}		<u> </u>	}			
		l	<b>\</b>							ļ			
		)			ļ	Į	ļ		}				
		}	Į		ļ		1			}			
16	Total , ,,	L	<u></u>		<u> </u>	<u> </u>	L		0	0	0		
2	Total number of Individuals		hose in	1a) w	no rec	eived	nore tha	n \$10	0,000 in reportable o	compensation from	the		
	organization >	0							· - · · ·			Yes	No
3	Did the organization list any	former of	ficer, dır	ector o	or trus	lee, ke	y emplo	yee. o	or highest compensa	ted		1.00	
	employee on line 1a? If 'Ye										3		X
4	For any individual fisted on to the organization and related										}		
								J, UJ.			4	ĺ	Х
5	Did any person listed on line							unrel	lated organization fo				
	services rendered to the org		If "Yes	," com	plete :	Sched	ule J for	such	person . ,	<u></u>	5	<u> </u>	<u> </u>
Section	on B. Independent Contracto Complete this table for your		st compe	ensate	d Inde	pende	nt contra	octors	that received more i	han \$100,000 of			
•	compensation from the orga					,		_					
		(A)							(B)			C)	
	Name and	business	address	-					Description of s	ervices	Compe	ensatio	n
2	Total number of independen		ors (inclu	iding t	nose i	1) w	no receiv	ed nic	ore than \$100,000 in	_			_
JVA	compensation from the orga 08 99078 rwF 26873		ı Forms (S	oftware	Only) - Z	008 TW					Form	990	(2008)

VIII	Statement of Revenue	<del></del>	(A) Total revenue	(B) Related or axempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
			<del> </del>	revenue	Tevende	512, 513, or 514
	Federated campaigns 1a		]	j		}
	Membership dues					
	Fundraising events 1c		1 1			1
	Related organizations 1d	<del></del>	]	ļ		j
e	Government grants (contributions) 19	11,851	ì	i		
t	All other contributions, gifts, grants, &	20 206	1	ľ		}
	similar amounts not included above 1f	30,986	]	ļ		}
•	Noncesh contributions included in lines 1a-1f*		40 007			į
h	Total. Add lines 1a-1f	<u> </u>	42,837			<del> </del>
		Business Code				Ì
2a	TICKET SALES	900099	19,626	19,626		<del></del>
þ			<u> </u>	<del></del>		<del> </del>
C			<u> </u>			\
þ						<del> </del>
e						<b> </b>
f						<u> </u>
g	Total. Add lines 2a-2f		19,626			· ·
3	Investment income (including dividends, interes	st, and	}	j		ļ
	other similar amounts)	•	2,078			2,07
4	Income from investment of tax-exempt bond pr	oceeds . >				<u> </u>
5	Royalties	<u></u> . ▶				<u> </u>
	(ı) Real	(ii) Personal	]	į		ŀ
8a	Gross Rents		] ;	l		
b	Less: rental expenses		]	ì		1
c	Rental income or (loss)			[		
d	Net rental income or (loss)					
	(ı) Securities					
7a	Gross amount from sales of assets other than inventory			}		}
ь	Less cost or other basis		1			
	and sales expenses	1	1	Ì		Ì
c	Gain or (loss)		1	J		ļ
	Net gain or (loss)	>	7	)		
	Gross income from fundraising					
	events (not including \$ 5,550		1	į		}
	of contributions reported on line 1c).			{		}
	See Part IV, line 18 a	5,550	1	}		1
ь	Less direct expenses b	5,227	1	i	•	1
	Net income or (loss) from fundraising events		323	323		{
	Gross income from gaming activities. See		<del>                                     </del>			<del> </del>
,,,	Part IV, line 19 a			j		
ь	Less direct expenses b	L	1	l		1
	Net income or (toss) from gaming activities		1	j		1
	Gross sales of inventory, less		<del> </del> +	———— <del>—</del>		<del> </del>
ıva	returns and allowances		1	Ì		ĺ
	Less cost of goods sold b	<del> </del>	1			1
	Net income or (loss) from sales of inventory		┥	ŀ		Į
с	Miscellaneous Revenue	Business Code	<del> </del>	<del></del>		<del> </del>
94-		Duantesa Code	413	Ì		
	SALES TAX REFUND		56	56		<del> </del>
	CD/SHEET MUSIC SALES	<u> </u>	<del> </del>	<del></del>		<del> </del>
C	All		<del>                                     </del>			<del> </del>
	All other revenue	_ <del></del>	<del> </del>			
		•	469			<del> </del>
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7					
	9c, 10c, and 11e	<u>. , , , , , ▶</u>	65,333	20,00\$		2,07

Form 990 (2008)

Part IX Statement of Functional Expenses

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

	· All other organizations must complete column				
	t Include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(O) Fundraising
, 8b	, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	[			
	organizations in the U.S. See Part IV, line 21			<u> </u>	
2	Grants and other assistance to individuals in	ĺ		{	
	the U.S See Part IV, line 22	L		L	
3	Grants and other assistance to governments.	{			
	organizations, and individuals outside the	•		i i	
	U.S. See Part IV, lines 15 and 16		 	<u> </u>	<del></del>
4	Benefits paid to or for members			L	
5	Compensation of current officers, directors,	{		1	
	trustees, and key employees		 	L	
В	Compensation not included above, to disqualified	(		1 (	
	persons (as defined under section 4958(f)(1)) and	4		1	
	persons described in section 4958(c)(3)(B)	{			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	1	-		-
	and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
11	Fees for services (non-employees).			{	
а	Management	}		}	
ь	Legal	590		590	
c	Accounting				
d	Lobbying				
8	Professional fundraising services See Part IV. line 17				
f	Investment management fees				
Я	Other	51,000	51,000		
2	Advertising and promotion	3,909	3,909		
13	Office expenses	2,843	2,415	428	51
4	Information technology				
15	Royalties	216	216		
6	Occupancy	2,772	2,772	1	
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<b>\</b>	
19	Conferences, conventions, and meetings		<del></del>	f	<del> </del>
20	Interest			<del></del>	
21	D ffil-) -	· · · · · · · · · · · · · · · · · · ·		<del></del>	
22	Depreciation, depletion, and amortization		<del></del>	<del> </del>	
:3				[	
4	Other expenses, Itemize expenses not			<del>  </del>	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	İ			
	5% of total expenses shown on line 25 below.)	<b>†</b>		1	•
_	HOSPITALITY	2,601		2,601	
a	ARTIST HOUSING/PARKING	2,381	2,381	- · · · · · · · · · · · · · · · · · ·	
b	ACCRUED INTEREST	654	2,301	654	<del></del>
C		410	<del> </del>	410	
d	SALES TAX	382		382	
8	DUES/PERMITS/LICENSE All other expenses #.4.	28.	28	- 302	
ľ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5,065	515
5	Total functional expenses. Add lines 1 through 24f	67,786	62,721	3,063	513
6	Joint Costs. Check here ▶ ☐ if following SOP 98-2	1		}	
	Complete this line only if the organization reported in	}		)	
	column (B) joint costs from a combined educational	}		}	
	campaign and fundraising solicitation	I	1	1 1	

b If Yes,\* did the organization undergo the required audit or audits?

08 9901104

the Single Audit Act and OMB Circular A-1337

SCHEDULE A (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

2008

Department of the Treasury

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

Open to Public Inspection

HEINE	N KEYOUNG SUIVAGE		2011 10 1 01111 000 0111							
	e of the organization		TY OF LOGAN	דאר				mployer 7-037		ion number
			ty Status (All organ		ust comple	ete this pa				
			cause it is: (Please che							
1	A church, conve	ention of churches, or	association of churche	s describe	dın sect	ά)ῦῖτ noi	)(1)(A)(i).			
2	$\boldsymbol{\vdash}$		)(1)(A)(II). (Altach Sche	-						
3			ervice organization des							
4	$\Box$	arch organization oper	aled in conjunction will	n a nospiti	ai describe	ig in sect	יסוו ויט(ם)	i(1)(A)(iii).	Enter the	nospitars name,
5	city, and state	onerated for the bene	efit of a college or unive	ersity owne	ed or open	ated by a	overnmen	tal unit de	scribed in	section
•	170(b)(1)(A)(lv	), (Complete Part II.)								
6			or governmental unit d							
7	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)									
8	_		on 170(b)(1)(A)(vi). (C	omplete P	art II )					
9	An organization	that normally receive	s <sup>.</sup> (1) more than 33 1/3	% of its s	upport from	m contribu	tions, men	nbership fe	es. and gr	ross
	receipts from a	ctivities related to its e	xempt functions-subje	ct to certa	in exception	ons, and (a	2) no more	than 33 1	/3 % of its	
			e and unrelated busine ne 30, 1975. See section					trom busir	resses	
	_	_						/ ·t-		
10			ted exclusively to test f ted exclusively for the l							
11	burposes of one	e or more publicly sup	ported organizations di	escribed in	section 5	09(a)(1) o	r section 5	09(a)(2). 5	See sectio	on
			es the type of supports							
	a Type I	ь ∏ Туре	all c ∏ 1	Type III-Fu	nctionally	integrated		d $\prod$	Type III-Oti	ner
e	By checking thi	s box, I certify that the	organization is not cor	ntrolled dir	ectly or inc	directly by	one or ma	re disquali	ified	
			jers and other than one	or more p	publicly su	pported or	ganization	s describe	d in sectio	n
	509(a)(1) or se									
f	· ·	ion received a written in the control of the contro	determination from the	IRS that if	is a Type	i, Type ii	or Type III 	anbodini	9 	Г
8	Since August 1 following perso	_	nization accepted any ç	gift ar cont	ribution fro	om any of t	the			
			y controls, either alone ly of the supported orga	_		sons dosc	rıbed in (iı)		N/A [1	Yes No
	(il) A family me	ember of a person des	cribed in (i) above? .						N/A 1	1g(ii)
	· ·	•	on described in (i) or (ii	•					N/A 1	1g(iii)
h	Provide the foll	owing information abo	ut the organizations the	e organiza	tion suppo	rts.		,		<del></del>
av s	Name of supported	(li) EIN	(iii) Type of organization	(IV) is the c	noutesinear	(V) Did you	ı natify the		s the	(vii) Amount of
· , ·	organization	(,	(described on lines 1-9	in col (i) R	•	organization		organization Organiza		support
			above or IRC section (see instructions))	governing d	locument?	of your supp	port?		S ?	
				Yes	No	Yes	No	Yes	No	
					}		-	}		
		<b>i</b> !	ì	}	ļ	1	<b>!</b> .		}	
		j	}	}	]	ļ	]		]	
				ļ	1		}	i		
			ì		1	{	<b>i</b> !		<b>{</b>	
		}	ļ	1	}	}	}	}	}	
			}	]	]	}	<u> </u>		)	
			ļ	1	]	[			<b> </b>	
					<del></del>				<b> </b>	
Tat	al		{	}	{	}	<b>!</b>		}	

Sche	dute A (Form 990 or 990-EZ) 2008 THE C	HAMBER M	USIC SOC	IETY 8	7-037284	6	Page 2
Pa	· · · · · · · · · · · · · · · · · · ·			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 )				
	tion A. Public Support					<del>,</del>	
Cal	endar year (or fiscal year beginning in) 🕨	(#) 2004	(b) 2005	(c) 2005	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.")	33,094	39, 312	43,383	47,986	43,160	206, 935
Ž	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					<u> </u>	
4	Total. Add lines 1-3	33,094	39,312	43,383	47,986	43,160	206,935
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)						100,000
6	Public support. Subtract line 5 from line 4.						106,935
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🗲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	33,094	39,312	43,383	47,986	43,160	206,935
8	Gross income from interest, dividends, payments received on securities loans rents, royalties and income from similar sources	1,028	2,073	3,015	3,212	1,986	11,314
9	Net income from unrelated business activities, whether or not the business is regularly carried on	· · · · · · · · · · · · · · · · · · ·					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	<u></u>			358	984	1,342
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	L		219,591
12	Gross receipts from related activities, etc. (se					12	
13	First five years: If the Form 990 is for the organization, check this box and stop here				year as a section		<u>_</u> _[]
Sec	tion C. Computation of Public Sup	port Percen	tage				
14	Public support percentage for 2008 (line 6, co			mп (f))		14	48.70 %
15	Public support percentage from 2007 Schedu	ile A, Part IV-A,	line 26f			15	36.32 %
16a	33 1/3 % support test 2008. If the organizand stop here. The organization qualifies as	ration did not ch a publicly supp	eck the box on II orted organization	ne 13, and line 1 on	14 is 33 1/3 % or	more, check the	s box ▶ 🏻
b	33 1/3 % support test 2007. If the organize box and stop here. The organization qualifies	atton did not ches as a publicly s	eck a box on líne supported organi	e 13 or 16a, and zation		% or more, che	
	10%-facts-and-circumstances test 2008. more, and if the organization meets the "fact organization meets the "facts-and-circumstants"	s-and-circumstances" test. The o	inces" test, checl organization qua	k this box and s lifies as a public	top here. Expla y supported orga	in in Part IV hov anization	v the ▶ []
b	10%-facts-and-circumstances test 2007, more, and if the organization meets the "fact organization meets the facts-and-circumstal	s-and-circumsta	inces" test, chect	k this box and s	top here. Expla	in in Part IV hov	is 10% or v the ► ∏
18	Private foundation. If the organization did no						
JVA		ns (Software Only) -					or 990-EZ) 2008

### · CIS8Z1WWJ8

#### SCHEDULE O

(Form 990)

Department of the Treesury Internal Feverus 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.

OMB No. 1545-0047 2008

> Open to Public Inspection

Name of the organization THE CHAMBER MUSIC SOCIETY OF LOGAN INC

Employer identification number 87-0372846

FORM 990 PART VI LINE 6: SEASON SUBSCRIBERS AND DONORS ARE OUR MEMBERS FORM 990 PART VI LINE 7A: MEMBERS ELECT BOARD TRUSTEES AT THE ANNUAL BOARD MEETING.

FORM 990 PART VI LINE 10: A COPY OF FORM 990 AND ACCOMPANYING SCHEDULES, PLUS SUMMARIES OF FINANCIAL TRANSACTIONS FOR THE FISCAL YEAR, ARE DISTRIBUTED TO EACH BOARD MEMBER FOR HIS/HER SCRUTINY. AT A SUBSEQUENT BOARD MEETING, THE TREASURER LEADS A REVIEW OF THE DOCUMENTS; CHANGES ARE MADE AS NEEDED. THE RETURN IS SUBMITTED ONCE THE BOARD HAS APPROVED THE DOCUMENTS.

FORM 990 PART VI LINE 19: GOVERNING DOCUMENTS, TAX RETURNS, AND FINANCIAL RECORDS ARE AVAILABLE UPON REQUEST.

### PRINCIPAL OFFICER NAME AND ADDRESS

Attachment	1: Form 990 P	age 1, Line F		
Open to Public			01 0000	06 30 3000
Inspection	For calendar year 2008, o	r tax period beginning	7-01-2008, and ending	06-30-2009
Name of Organizat				Employer Identification Number
	R MUSIC SOCIET	Y OF LOGAN INC	8	7-0372846
990, Page 1, Line F		<del></del>		
Principal officer nam			NICHOLAS MORRISC	) <b>N</b>
or	le		MICHOLAS HORNIES	<u> </u>
Business Name				
OUSINESS NUMB				
	······			
		<del></del>		
Street Address .			P O BOX 3620_	
U S Address				
	0.43.03	<b>7</b>		r i m
	84323	City Logan	State	UT
or				
Foreign Address				
City				
Ony	• • •	<del></del>	<del></del>	
Province or	State			
		·		
Country				
Postal code				

## ··· CIS8Z1WWJ8

#### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Open to Public Inspection	For calendar year 2008, or	tax period beginn	ing 07-01-	2008, and ending	06-30-20	09.
Name of Organiza	lion				Employer Identificat	ion Number
HE CHAMBER MUSIC SOCIETY OF LOGAN INC			87-0372846			
Part III - Statement	of Program Service Accompli	shments				
Code.	Expenses	63,311	including Grants of	of.	Revenue:	19,626
		Exer	npt Purpose Achieve	ements		
CMSL PRESE	NTED FIVE CONC	ERTS AND A	SSOCIATED	COMMUNITY I	ENGAGEMENTS,	SERVING

## "- "CIS8Z1WWJ8

### **BOOKS ARE IN CARE OF**

	3: Form 990 Page 6, Part VI,	Section C, Line 20
Open to Public		
Inspection	For calendar year 2008 or tax period beginning 0	7-01 , and ending 06-30-2009.
Name of Organizat		Employer Identification Number
	R MUSIC SOCIETY OF LOGAN INC	87-0372846
Part VII Books I	In Care of	
Individual Name ,		SUSAN DURHAM
or		
Business Name.		
Dissal Address		1526 E 2700 N
Street Address		1320 E 2700 N
U S Address		
0 0 1100.000		
Zip code	84341 City NORTH LOGAN	State UT
or arb conn	<u> </u>	
Foreign Address		
, 0.0.9		
City .	· · · · · · <u></u>	
Province or	State	
Country		
Postal code	,	
Phone Num	ber	<u>(435) 752–5637</u>
Fax Number		

#### SCHEDULE OF OTHER EXPENSES

SCHEDULE OF OTHER EXPENSES  Attachment 4: Form 990 Page 10, Line 24 - Other Expenses										
Open to Public				2009						
Inspection For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.  Name of Organization Employer Identification Number										
THE CHAMBER MUSIC SOCIETY O		87-0372846 C) Management (2) Fundament								
Other Expenses	(A) Total	(B) Program Services	and General	(D) Fundraising						
TICKETING COSTS	28	28								
	,									
				1						
				}						
	j									
	1									
				{						
				{						
				ļ						
;				-						
i										
			]	}						
				}						
		II.		}						
,										
		<b>-</b>								
	,			Í						
ţ	l			}						
				}						
	}	i .		ļ						
j	ļ									
Total	28	28								
· · · · · · · · · · · · · · · · · · ·										