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## Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2009 calendar year, or tax year beginning and ending

B		heck if	Please C Name of organization	DI	Employer id	entification number
		Addre	s use IRS label or			
		] Name chang	COCTEMY FOR AMERICAN MICTO		51-01	72617
	abla	Initia retur	type Number and street (or P.O. hoy, if mail is not delivered to street address) Room	n/surte E	Telephone r	number
	一	Term	n- Specific IINTVERSITY OF PITTSBITCH		412-6	524-3031
	一	Ame	ded trops City or town, state or country, and ZIP + 4	F	Group Exen	
	一	⊣retur  Applic  pendi	PITTSBURGH, PA 15260		Number >	•
-			· · · · · · · · · · · · · · · · · · ·		g method:	Cash X Accrual
		- 360	Schedule A (Form 990 or 990-EZ).	Other (spe	=	
-	14	/ahai		Check		e organization is <b>not</b>
'				-		Ile B (Form 990, 990-EZ, or 990-PF)
<u>J</u>						
K		heck				5,000. A FORM 990-EZ OF
-			Form 990 return is not required, but if the organization chooses to file a return, be sure to file a com			107 (12
卢			es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 99	U-EZ	\$	187,613.
L	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	ne instructi	ons for Pari	<del></del>
		1	Contributions, gifts, grants, and similar amounts received		1	119,156.
		2	Program service revenue including government fees and contracts		2	46,510.
		3	Membership dues and assessments		3	
		4	Investment income		4	17,278.
		5a	Gross amount from sale of assets other than inventory 5a 5a			
		b	Less: cost or other basis and sales expenses 5b			
		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
9	<u> </u>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check	here 🖊	$\exists \Box \Box$	
į	Hevenue	а	Gross revenue (not including \$ of contributions	•		
į	é	_	reported on line 1) 6a			
-	-	b	Local direct cynonogo other than fundrough gyyppegg		-	
			Net income or (loss) from special events and activities (Subtract line so from line 6a)  Gross sales of inventory, less returns and allowances		6c	
		7a	Gross sales of inventory, less returns and allowances FECEIVED		00	
					<del>-</del>	
		D	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (Subtract line KM/Arem In 872010		<b>─</b>   <sub>70</sub>	
		C	Other revenue (describe   Other revenue (describe   SEE STATEME	A CITE	7c	4,669.
		8	` <del> </del>	NT 4		
-		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	<u> 187,613.</u>
		10	Grants and similar amounts paid (attach schedule) OUCIV, USTMT 6		10	10,833.
		11	Benefits paid to or for members		11	04 000
10,000	္မွ	12	Salaries, other compensation, and employee benefits		12	21,229.
į	<b>ä</b>	13	Professional fees and other payments to independent contractors		13	1,950.
g	급	14	Occupancy, rent, utilities, and maintenance		14	
20.5	5	15	Printing, publications, postage, and shipping		15	<u>67,637.</u>
69		16	Other expenses (describe SEE STATEME	<u>NT 1</u>	) 16	51,654.
<u></u>		17	Total expenses. Add lines 10 through 16		<b>►</b> 17	153,303.
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	34,310.
	ا يو	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
7	ž		(must agree with end-of-year figure reported on prior year's return)		19	270,461.
ز پ	ے ق	20	Other changes in net assets or fund balances (attach explanation)  SEE STATEME	NT 5	20	45,570.
∰₹	<b>z</b>	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	▶ 21	350,341.
氢[	Pa	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	ad of Form		
				nning of ye		(B) End of year
	22	Cas	· · · · · · · · · · · · · · · · · · ·	79,65		366,259.
-	23		d and buildings	, , , , , .	23	300,233.
	24		er assets (describe SEE STATEMENT 2 )	9/	15.24	211.
				80,60		366,470.
	25					
	26		al liabilities (describe SEE STATEMENT 3 )	$\frac{10,13}{70,46}$		16,129.
	27 9321			70,46	<u>) ⊥ •  27  </u>	350,341.
- :	`~ ~.	40	HA For Privacy Act and Panerwork Reduction Act Notice see the senarate instructions			rorm <b>シシリーヒ</b> ノ バンハハロ

Form 990-EZ (2009) SOCIETY FOR AMERICAN MUSI	C		51-	<u>·01726</u>	17 Page 2
Part III Statement of Program Service Accomplishmen		Part III.)			penses
What is the organization's primary exempt purpose? SEE STATEMENT	<del></del>	<u> </u>		7	r section 501(c)(3)
				1 .	) organizations and
Describe what was achieved in carrying out the organization's exempt pur			ıbe	section 494	7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan	t information for each prog	ram title		for others)	
28 PUBLICATION OF PERIODICAL AND BULLE	TINS				
		<u>.</u>	_	1 1	
(Grants \$) If this amount includes foreign of	rants, check here	▶		28a	<u>67,637.</u>
29 CONVENTION TO FACILITATE THE EXCHAN	GE OF IDEAS			1 1	
				1 1	
				1 1	
(Grants \$ ) If this amount includes foreign of	rants, check here		<u> </u>	29a	<u> 38,797.</u>
30 HONORS AND AWARDS				1 1	
				1 1	
		<u>.</u>			
				1 1	
(Grants \$ 10,833.) If this amount includes foreign of	rants, check here	<b>•</b>		30a	10,833.
31 Other program services (attach schedule) SEE STATEMENT	9				
, ,	• •			040	2,006.
(Grants \$ ) If this amount includes foreign (	rants, check here		ᆂ	31a	
32 Total program service expenses (add lines 28a through 31a)				32	<u>119,273.</u>
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions (	or Part IV)
		,		ontributions	
	(b) Title and average hours	(c) Compensation		employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
• • • • • • • • • • • • • • • • • • • •	position	-0- )		eferred	other allowances
		',		pensation	
DD MADIANA WILLIAMED 020 N LINGOLN	EXECUMENT DED	ECMOD.	1		
DR. MARIANA WHITMER, 838 N. LINCOLN	EXECUTIVE DIR			_	
AVE, PITTSBURGH, PA 15233	20.00	15,750.		0.	409.
THOMAS RIIS, UNIV. OF COLORADO,	PRESIDENT				
COLLEGE OF MUSIC, CB301, BOULDER, CO	1.00	0.	ļ	0.	0.
			┼		•
DENISE VON GLAHN, 3174 LONGFORD DR.,	VICE PRESIDEN				
TALLAHASSEE, FL 32309	1.00	0.	1	0.	272.
CAROL HESS, MICHIGAN STATE UNIV.,	SECRETARY				
		_	İ	0	_
SCHOOL OF MUSIC, EAST LANSING, MI	1.00	0.	<del> </del>	0.	0.
E. DOUGLAS BOMBERGER, DEPT. OF FINE	TREASURER				
& PERFORMING ARTS, ELIZABETHTOWN	1.00	0.		0.	135.
DANIEL GOLDMARK, 201 HAYDN HALL,	MEMBER-AT-LAR				
	<b>-</b>			•	١ .
11118 BELLFLOWER RD, CLEVELAND, OH	1.00	0.	—	0.	0.
TAMMY KERNODLE, DEPT OF MUSIC, MIAMI	MEMBER-AT-LAR	GE			
UNIVERSITY, 109 PRESSER HALL,	1.00	0.		0.	119.
	MEMBER-AT-LAR		<del> </del>		
BETH_LEVY	-			•	
211 K ST., DAVIS, CA 95616	1.00	0.	<u> </u>	0.	0.
MICHAEL PISANI, VASSAR COLLEGE, BOX	MEMBER-AT-LAR	GE			
595, POUGHKEEPSIE, NY 12604	1.00	0.		0.	99.
	MEMBER-AT-LAR		<del> </del>		
	3			_	
UNIVERSITY OF CALIFORNIA, DAVIS, CA	1.00	0.		0.	0.
CHARLES HIROSHI GARRETT, 2037	MEMBER-AT-LAR	GE			
MEDFORD ROAD, APT M-299, ANN ARBOR,	1.00	0.	1	0.	0.
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	-				
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	i		1		l .

ГС	Other information (Note the statement requirements in the instructions for Part V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	103	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>	<u> </u>		
00	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
2	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
•	and proxy tax requirements?	35a		x
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		-
50	complete applicable parts of Sch. N	36		x
27 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	"		
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0		
JU 4	in a prior year and still outstanding at the end of the period covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	- 502		
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9  39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
An a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
40 a	section 4911   O • ; section 4912   O • ; section 4955			
	Section 4911 Section 4912 Section 4912 Section 4912 Section 4918 excess benefit transaction during the			
U	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			İ
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		
C	•			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		40e		X
44	transaction? If "Yes," complete Form 8886-T	400		
41	List the states with which a copy of this return is filed. ► NONE  The organization's books are in care of ► MARIANNA WHITMER  Telephone no. ► 412 – 62	1 2	031	
42 a	The organization's books are in care of ► MARIANNA WHITMER  Located at ► STEPHEN FOSTER MEMORIAL, PITTSBURGH, PA  ZIP+4 ► 1			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	320	<u> </u>	
Ð			Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:	720		_^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
C	If "Yes," enter the name of the foreign country:	720		
	n rea, enter the name of the foreign country.		_	$\overline{}$
40				لسا
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	TAT / TA		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A	Vac	No
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43	N/A	Yes	No
43 44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	
44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	N/A	Yes	No X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No X

Page 4

Pa	rt VI Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51						
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to	candidates for public			Yes	No
	office? If "Yes," complete Schedule C, Part I				46		X
47	47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," was the related organization a section 527 organization?			Į	49b		
50	Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, enter	"None."		(d) Contribution	s	_	
	(a) Name and address of each employee paid more	(b) Title and average hours per week devoted to	(c) Compensation	to employee benefit plans &		e) Expe count	
	than \$100,000	position		deferred		r allow	ances
	NONE			compensation	-		
			<u> </u>				
		<del>-</del>					
	Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more		(b) Type of ser		c) Com		
d	Total number of other independent contractors each receiving over \$100,000	0	<b>&gt;</b>				
Sign Here	Signature of officer	ecompanying schedules and statementormation of which preparer has an		y knowledge and be   5-/3-/0 Date	lief, it is	true,	
	arer's Preparer's signature wille feelings	, , , , , , , , , , , , , , , , , , , ,	eck if self- iployed	arer's identifying n	ımber (S	See instr	· )
Use (	Only Firm's name (or yours PARENTEREARD LLC		EIN J	<b>&gt;</b>			
		800	Phon	e►			
	address, and ZIP+4 PITTSBURGH, PA 15222		no.	412-6	<u>97-</u>	<u>640</u>	0
May	the IRS discuss this return with the preparer shown above? See instructions				X Ye		No
				F	orm 9	90-EZ	(2009)

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

**Public Charity Status and Public Support** 

2009

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		SOCIETY	FOR AMERICA	<u>IN MUS</u>	IC				<u>51</u>	<u> -0172</u>	617	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.				
The organ	zation is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	oox.)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in <b>s</b> e	ection 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	ne,
	city, and stat	te <sup>.</sup>										
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental uni	t describe	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲			ent or governmental uni	t described	d in sectio	n 170(b)(	1)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	ribed i	n
	_	(b)(1)(A)(vi). (Comple	•			_			•			
8 🔲	· ·		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives. (1) more than 33			rom contri	ibutions, m	nembershi	p fees, an	d gross re	ceipts	from
	_		nctions - subject to certa							_		
			axable income (less sec							_		
		509(a)(2). (Complete			·		•				·	
10 🔲			perated exclusively to te	st for publ	c safety S	See <b>sect</b> io	on 509(a)(4	<b>1</b> ).				
11 🔲	An organizati	on organized and or	perated exclusively for the	he benefit (	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes c	of one	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(a	2) See sec	ction 509(	a)(3). Che	ck the box	that	
			organization and compl		-		•	•				
	а 🔲 Туре	ı b <u></u>	Type II	с 🔲 Тур	e III - Func	tionally in	tegrated		d 🔲	Type III · 0	Other	
е 🔲	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified p	ersons oth	ner tha	n
			han one or more publicl									
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	_	rganization, check th			-							
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
•	(i) A perso	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons o	described i	n (ii) and (	ııi) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	,						11g(ii)		
	(iii) A 35% (	controlled entity of a	person described in (i)	or (ii) above	<del>-</del> ?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did yo	u notify the	(vi) ls	the	(vii) An	nount o	f
	inization	(,	organization (described on lines 1-9	in col. (i) lis			tion in col.	organizáti (i) organiz	ed in the		port	
_			above or IRC section	governing	document?	(i) of you	r support?	'' U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ				
										_		
<del></del>	<del></del>		<u> </u>			_		-	<del>                                     </del>	<del></del>		
Total												

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule /	A (Form 990 or 990-EZ) 2009
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

Section A. Public Support  Calendary year (or fiscal year bingming in   a) 2005 (b) 2008 (c) 2007 (d) 2008 (e) 2009 (f) Total  Calendary year (or fiscal year bingming in   a) 2005 (b) 2008 (c) 2007 (d) 2008 (e) 2009 (f) Total  This value of the organization's benefit and either past to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization's benefit and either past to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  The portion of total contributions by seach person (other than a governmental unit or publicly supported organization) minuted on line 1 that exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the amount shown on line 11, and exceeds 2% of the exceeding amount shown on line 11, and exceeds 2% of the exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on line 11, and exceeding amount shown on lin		(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)	·			
1 Gins, grants, contributions, and membrabely fees received. (Do not include any "unusual grants.") 2 Tax reverues leved for the organization's benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on the health of the organization without change to the organization without change to the organization 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, colored to the expensive properties of th	Sec	ction A. Public Support						
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	b		-					
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		•		-				
Sabadula A /Form 990 or 990-E7) 2009	<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 112,654. 119,156. include any "unusual grants") 75,526. 58,145. 62,662. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 29,051 31,094 7,651. 60,166. 46,510. 174,472. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 172,820. 104,577. 89,239. 70,313. 165,666. 602,615. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 25. 169. 135. 329. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 10,829 40,000. 50,829. amount on line 13 for the year 25. 10,998. 40,135. <u>51,158.</u> c Add lines 7a and 7b 551,457. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 104,577. 89,239. 70,313. 172,820. 165,666. 602,615. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 8,987. 7,144. 15,824 21,927 62,902. 9,020. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 9,020. 8,987. 7,144. 15,824. 21,927. 62,902. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 7,214 227 20 7.461 assets (Explain in Part IV.) 113,597 105,440. 77.457. 188,871. 187,613. 672,978. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 81.94 % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 88.77 % Section D. Computation of Investment Income Percentage 9.35 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 8.54 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ightharpoonsmore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ OTHER EXPENSES	<u> </u>	STATEMENT 1
DESCRIPTION		AMOUNT
CONFERENCES, CONVENTIONS, AND MEETINGS		38,797.
MEMBERSHIP MAINTENANCE		2,006.
BANK FEES		4,092. 1,018.
SUPPLIES INSURANCE		1,890.
MISCELLANEOUS EXPENSES		1,866.
DONATIONS		1,260.
ACLS DUES		725.
TOTAL TO FORM 990-EZ, LINE 16		51,654.
FORM 990-EZ OTHER ASSETS		STATEMENT 2
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	945.	0.
ACCOUNTS RECEIVABLE	0.	211.
TOTAL TO FORM 990-EZ, LINE 24	945.	211.
FORM 990-EZ OTHER LIABILITIE	SS	STATEMENT 3
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE & ACCRUED EXPENSES	10,139.	16,129.
TOTAL TO FORM 990-EZ, LINE 26	10,139.	16,129.
FORM 990-EZ OTHER REVENUE		STATEMENT 4
DESCRIPTION		AMOUNT
ROYALTIES MISCELLANEOUS INCOME		4,649.
111001111111111111111111111111111111111		

	51-0172	517
FUND BALANCES	STATEMENT	5
	TUUOMA	
	45,5	70.
	45,5	70.
ATIONS	STATEMENT	6
GRANTEE'S RELATIONSHIP	AMOUN	r
NONE	10,8	33.
	RELATIONSHIP	AMOUNT  45,5  45,5  ATIONS STATEMENT  GRANTEE'S RELATIONSHIP AMOUNT

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

10,833.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	TATE	мент	7
A)	DIRECTLY	RGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	]	]	YES	[X]	NO
B)		RGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT 8

THE SOCIETY FOR AMERICAN MUSIC SEEKS TO STIMULATE THE APPRECIATION, PERFORMANCE, CREATION, AND STUDY OF AMERICAN MUSIC IN ALL ITS HISTORICAL AND CONTEMPORARY STYLES AND CONTEXTS, INCLUDING, BUT NOT LIMITED, TO, ART AND POPULAR MUSIC, THE MUSICS OF ETHNIC GROUPS AND MINORITIES, AND THE FULL RANGE OF ACTIVITIES ASSOCIATED WITH MUSIC IN NORTH AMERICA, INCLUDING CENTRAL AMERICA AND THE CARIBBEAN.

FORM 990-EZ	OTHER	PROGRAM SERVICES	S S	PATEMENT 9
DESCRIPTION			GRANTS	EXPENSES
MEMBERSHIP MAINTENANCE			0.	2,006.
TOTAL TO FORM 990-EZ, LINE	31			2,006.