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Form **990-EZ**

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

OMB No. 1545-1150

2009

Open to Public Inspection

AI	For th	e 2009 calend	ar year,	or tax year beginning	, 2009,	and ending			, 20
В	Check if	applicable	Please	C Name of organization				• .	entification number
=		change	use IRS label or	Kammermusik Worksho	ps, Inc.		86	109	72365
=	Name c	*	print or	Number and street (or P.O box, if mail is not delive	ered to street address)	Room/suite	E Telep		
=	Initial re Termina		type. See	1/20 N. Lake Shore D	or.	//-c	3/2	2 -	664-3402
=		ed return	Specific	City or town, state or country, and ZIP + 4			F Grou		
=		tion pending	instruc- tions.	Chicago, IL 6061	(ber •	•
<u></u>			omaniz	rations and 4947(a)(1) nonexempt charitable		G Acco	unting Me	ethod:	Cash Accrual
	- 00			npleted Schedule A (Form 990 or 990-EZ).		1	r (specify)		
						- +			organization is not
	A/aba	:to. > 141/49	سا در	ammermusikworkshops	. ora	l l			chedule B (Form 990,
				nly one) — ☐ 501(c) (3) ((insert no.)			EZ, or 990		chedule D (i oith 330,
_					<u> </u>				250 than \$25,000 A
	Check			zation is not a section 509(a)(3) supporting orgaturn is not required, but if the organization ch					
_				e 9 to determine gross receipts; if \$500,000 or more senses, and Changes in Net Assets				stions	
P	art l	-					IIIStruc		
	1			ts, grants, and similar amounts received			}	1	2,362
	2	-		evenue including government fees and c				2	<u>52',609</u>
	3	Membersh	ip dues	and assessments			· ·	3	
	4	Investment	t incom	e				4	
	5a	Gross amo	ount fro	m sale of assets other than inventory	<u>5a</u>	1			
	t	Less: cost	or othe	er basis and sales expenses	<u>5b</u>				,
	0			n sale of assets other than inventory (Sub				5c	· · · · · · · · · · · · · · · · · · ·
Ĭ	6	Special event	s and act	civities (complete applicable parts of Schedule G). If	any amount is from garr	i ing, check here	▶ 🗆		
Ver	a	Gross reve	nue (no	ot including \$ of co	ontributions	â			
Revenue		reported o	n line 1)	<u>6a</u>			× ^	
_	l t	Less: direc	t exper	nses other than fundraising expenses	6b				
	0	Net income	e or (los	ss) from special events and activities (Sul	btract line 6b from	line 6a)		6c	
	7a			rentory, less returns and allowances .		·			
	l t	Less: cost	of goo	ds sold	7b				
	6	Gross prof	it or (lo	ss) from sales of inventory (Subtract line	7b from line 7a),			7c	
	8			escribe > Primarily CD Sales		ల) [8	87/
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .		/ED	. ▶	9	55,842
	10			r amounts paid (attach schedule)	,			10	5,750
	11			r for members	<u>ω</u>		[11	
g	12	•		mpensation, and employee benefits .	6. U. IAM. 1.31		[12	
penses	13	-		and other payments to independent con	tractors		[13	9,100
ē	14			utilities, and maintenance	· OGUEN			14	2,553
ă	15			ons, postage, and shipping	L OODLIV	<u>, 0 i - 1</u>	ا . , .	15	267
	16			describe Food, lodging, Travil,	music, insuran	ce Depr.	,etc, I	16	33,967
	17			Add lines 10 through 16	· · · · · · ·	· · · ·		17	51,637
	10			for the year (Subtract line 17 from line 9)			18	4,205
ě	19			nd balances at beginning of year (from I) (must agre	e with		
188				e reported on prior year's return)				19	7,866
Net Assets	20	•	_	net assets or fund balances (attach expla	anation)			20	7 -
ž	21		9	d balances at end of year. Combine lines	•		. ▶	21	12,07/
9	art I		Shee	ets. If Total assets on line 25, column (B)	are \$1,250,000 or	more, file Fo	rm 990	instea	
				(See the instructions for Part II.)	· · · · · · · · · · · · · · · · · · ·		ginning of		(B) End of year
2	, (Cash, savings	and in	•			16.83		22 15,227
2		and and build					1 		23 -
2				be Prepaid Equip , Music Stan	ds. inventory	',	5:79	0	24 5, 328
2		T otal assets (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2,62		25 20, 555
2		Total liabilitie		rine AP & Worlishops Dep	osits	, 7	4.75		26 8,484
2	_			palances (line 27 of column (B) must agr	ee with line 21)	一.'	1866		27 12,071
				k Reduction Act Notice, see the separate in		Cat. No 1			Form 990-EZ (2009)

E	art III Statement of Program Service Accom					Expenses		
\overline{w}	hat is the organization's primary exempt purpose?	rovide music worlest	icps to adult n	1UCISIONS		ured for section		
- D	escribe what was achieved in carrying out the org	ganization's exempt purpo	ses. In a clear ar	nd concise)(3) and 501(c)(4)		
	anner, describe the services provided, the number					izations and section (a)(1) trusts; optional		
	ach program title.	•				hers)		
_	In The Chamber MUSIC Hamber of the Labore	loold total 94	no trains to	7/4 0	10.00			
2	18 Two chamber music workshops were workshops provide an appartually for suspend through professional coaching of (Grants \$) If this amount	- view Lowina I/ F	seriicipuni .	1 <u>n</u> <u></u>	ĺ			
	moreshops provide an opportunity to	ano leur adult M	ost clant co	grow				
M	usically through protestional coaching s	ena pertermance	. Opportunit	<u>ez.</u>		El (27		
	(Grants \$) If this amount	includes foreign grants, ch	<u>eck'here</u>	. ▶ ⊔	28a	51,637		
2	29							
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a			
3	90				1			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a			
3								
		includes foreign grants, ch	eck here	▶ □	31a			
3	22 Total program service expenses (add lines 28a			>	32	51,637		
	art IV List of Officers, Directors, Trustees, and Ke			ted. (See the		ctions for Part IV.)		
ш		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances		
t-	reith Bowen	 	enter -o,	deterred compet	Sauon	Other allowances		
		President	-0-	-0-				
30	Delisco Grove, Warwick, UK.CV 345	D -3 //*.		.	-			
	vition D. m							
	illiam Buss	1 140		ļ				
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L	auld Crafq			ļ				
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J	aget ralean Murray	Jec. Cut	-0-	- 0 -		-0-		
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Part	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		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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	TA
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	~		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u>X</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	,		
39	Section 501(c)(7) organizations. Enter:	á.		
а	Initiation fees and capital contributions included on line 9		*	
b	Gross receipts, included on line 9, for public use of club facilities		l	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	- 		
	transaction during the 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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	A		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	*		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ DAVID CRAIG Telephone no. ▶ 3/2	2-61	54-	3 7 0
	Located at > //20 No Lake Shore Dr. #//C, Chicago, /L ZIP+4 > 60	/6/	<u>/</u>	
b	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	$\overline{}$	Yes	No
	account)?	42b	3 8 8	<u>X</u> ,
	If "Yes," enter the name of the foreign country: ▶		\$ 3.8	3
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	, i		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
45	Form 990-EZ	44		A _
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		\boldsymbol{X}^{ot}
			\ <u>E</u> 7	

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and 50.1(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1 947(a)(1) nonexem _i and 51.) nonexem ot charitable	pt charitabl trusts must	e trusts only. Al answer questio	l sec ns 46	tion 3–49t)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete Did the organization engage in lobbying activities	Schedule C, Part I				46 47	Yes	No X
48 49a b 50	Is the organization a school as described in secti Did the organization make any transfers to an e If "Yes," was the related organization a section Complete this table for the organization's five h	ion 170(b)(1)(A)(ii)? If exempt non-charitab 527 organization? nighest compensate	"Yes," compli le related org d employees	ete Schedule I anization? . (other than of	fficers, directors, t	48 49a 49b ruste		
	employees) who each received more than \$100 (a) Name and address of each employee paid more than \$100,000	(b) Title and aver hours per wee devoted to posit	age (c)	Compensation	there is none, ent (d) Contributions to employee benefit plans & deferred compensation	(e) acc	Expensionnt allowa	se ind
	NONE							
51	Total number of other employees paid over \$10 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensation	ed independ	lent contracto	ors who each rece	eived	more	thar
_	(a) Name and address of each independent contractor	•		 	e of service	(c) Cor	npensa	ition
	NONE							
d	Total number of other independent contractors	each receiving over	\$100,000					
Sign Here	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration Signature of office Type or print name and title	ned this return, including in of preparer (other than of	fficer) is based (on all information	ements, and to the bes of which preparer has a 4/28/10 Date	t of my any kno	knowle	edge
Paid Prepare Use On	Firm shame (or			Check if self- employed ▶ ☐	Preparer's identifying num	nber (Se	e instruc	tions)
	address, and ZIP + 4	vn above? See instri	ıctions	Pho	one no. ►	Yee		——

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Kammermusik Worlashops, Inc.

Employer identification number 86: 1092365

Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ns mus	t comple	ete this	<u>oart.) Se</u>	<u>e instruc</u>	tions.
The	ora	anization is no	ot a private foun	dation because it is:	(For lines	1 through	h 11, ch	eck only	one box.)	
1				rches, or association							
2	Ħ			on 170(b)(1)(A)(ii). (Att						***	
3	Ħ			nospital service organ			in sectio	n 170(b)(1\/ A \/iii).		
4	H	•	•	tion operated in conj						170(b)(1)	(A)(iii) Enter the
4			me, city, and st	•	unction v	vitir a rio	apital de	scribed ii	i accuoii	170(0)(1)	ppyling. Litter the
_	\Box		-			(orosty o	unad ar e	norotod	h, o ao.		unit donorihad in
5		section 170	(b)(1)(A)(iv). (Co	•							unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(t	o)(1)(A)(v)	•	
7		_	•	/ receives a substantia (1)(A)(vi). (Complete P	-	its suppo	ort from a	governm	ental uni	t or from t	he general public
8				d in section 170(b)(1)		omplete	Part II.)				
9	X			receives: (1) more that				m contrib	utions, m	embershi	p fees, and gross
_	<u> </u>			ed to its exempt funct							
				ent income and unre							
				after June 30, 1975.							
10		An organizat	ion organized a	nd operated exclusive	alv to test	for publ	lic safety	See sec	tion 509	a)(4)	
11	\exists			and operated exclusive							r to carry out the
• •	ш			blicly supported organ							
				at describes the type							
			_							_	Type III-Other
		a 🗆 Type		•	: □ Тур			-			
е	Ш			tify that the organizat							
		•		n managers and other	r than one	e or more	publicly	supporte	a organiz	ations de	scribed in section
			section 509(a)(2)								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	, Type II.	, or Type	III supporting
			, check this box								🗆
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	ny of the		
_		following per	rsons?	-							
		(i) A person	who directly o	r indirectly controls, e	either alo	ne or tog	ether wit	h person	s describ	ed in (ii)	Yes No
				ning body of the supp							11g(i)
		• •	·	rson described in (i) a		•					11g(ii)
				of a person described		 (ii) above	?				11g(iii)
h		· •	•	ation about the suppo							
		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) I	s the	(vii) Amount of
(•)		ganization	(, 2	(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	on in col	support
				above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S ?	
				(occ moducion),	Yes	No	Yes	No	Yes	No	
							1				
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									_	-	
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			·	₹	;1 1 2	0	\$	N.		*	

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ©	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
4	Total. Add lines 1 through 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			A.C.	\ ~*	<i>≨</i> , ₹`	
	shown on line 11, column (f)		ini	* *110, 11		1 1	
6_	Public support. Subtract line 5 from line 4	.*			٠. *	<u> </u>	
	tion B. Total Support lendar year (or fiscal year beginning in) ©	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2000	(6) 2000	(0) 2007	(4) 2000	(e) 2009	(i) 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 or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	5 × 1111/46.44		· • • • • • • • • • • • • • • • • • • •	A Howard Str. All		_
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				
	Public support percentage for 2009 (line			L column (ft)		14	%
14 15	Public support percentage from 2008 Sci						<u> </u>
15 16a	33\% support test—2009. If the organi						
iva	and stop here. The organization qualifies						
b	331/3 % support test—2008. If the organi	-					
_	box and stop here. The organization qua	lifies as a publ	licly supported	organization .			© 🗆
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum reacts".	09. If the orgar	nization did not o mstances" test,	check a box on check this box	line 13, 16a, or and stop here	16b, and line 1. Explain in Part	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, c organization qua	theck this box	and stop here cly supported or	Explain in Part ganization	IV how the

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.)

500	tion A. Public Support						
	llendar year (or fiscal year beginning in) ©	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	mendar year (or iiscai year begiiniing iii)	(a) 2005	(b) 2000	(6) 2007	(u) 2008	(e) 200 9	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,557	2,451	3,933	5,120	2,362	15,423
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	41,010	42,671	38,254	78,222	53,480	253,637
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	1	ļ	_	_	-	_
6	Total. Add lines 1 through 5	42,567	45,122	42,187	83,342	55,842	269,060
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	3,895	3,945	5,615	8,645	5,457	27,557
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 amount on line 13 for the year	_	-	1	_	-	_
_	Add lines 7a and 7b	3,895	3,745	5,615	8,645	5,457	27,557
8	Public support (Subtract line 7c from line 6.)				er 🍇 er		241,503
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) ©	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	42,567	45,122	42,187	83,342	55,842	269,060
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_	-	_	-	-	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	_	_	_	_	-
С	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		_	_	t=	_	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-	_	-	_	_	_
13	Total support. (Add lines 9, 10c, 11, and 12.)	42,567	45,122	42,187	83,342	55,842	269,060
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u>.</u>	nd, third, fourt			
Sec	tion C. Computation of Public Su	pport Percei	ntage	· · · · · · · · · · · · · · · · · · ·			~~
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 s	ne 8, column (f Schedule A, Pa) divided by lir art III, line 15	ne 13, column		15 16	90 % 89 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	9 (line 10c. col	lumn (f) divide	d by line 13, c	olumn (f)) ,	17	%_
18	Investment income percentage from 20					18	%
19a	331/3 % support tests-2009. If the org	anization did n	ot check the b	ox on line 14,	and line 15 is n	nore than 331/3	%, and line ,
	17 is not more than 33\%, check this b 33\% support tests -2008. If the organ	ox and stop h e	ere. The organ	ization qualifie:	s as a publicly	supported orga	anızatıon © 💢
b	line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nızatıon qualıfıe	es as a publicly	supported orga	ınization © 🗌
<u>20</u>	Private foundation. If the organization	aid not check	a box on line	14, 19a, or 19t			tructions ©

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
					
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Kammermusik Workshops

ID Number: 86-1092365

IRS Form 990-EZ-2009

Schedule of Scholarship Recipients - 2009 (Supporting Line 10)

Recipient	Winter	Summer	Total
Alaına Diehl	350		
Patrice Howard	350		
James Knudson	300		
Laura Mathews	350		
Anna Perea	350		
Brian Peterson	350		
John Sassaman	250		-
Melissa Sassaman	350		
Marcia Smeiska	250		
Sue Thomas	250		
William Wadsworth	300	500	
Michelle Du Preez	.,	400	
Nina Flanigan		300	
Darlene Marshall		300	
Jack McCauley		500	
		-	
Janet Solberg		300	
Totals	3450	2300	5750