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## 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning	Jul 1	, 2009, and ending	Jun 30	, 2010	
<b>B</b> Check if applicable	<b>C</b> Name of organization				<b>D</b> Employer identification number
<input type="checkbox"/> Address change	SING OUT LOUD				20-8822875
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)				<b>E</b> Telephone number
<input type="checkbox"/> Initial return	564 BLUFF ROAD NW				(507) 252-1884
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4				<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return	ROCHESTER MN 55901				
<input type="checkbox"/> Application pending					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ►

**I** Website: ► [www.singoutloud.org](http://www.singoutloud.org)

**H** Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ▶ (insert no)  4947(a)(1) or  527

**K** Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 74,347.

**Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	36,775.
	2 Program service revenue including government fees and contracts	2	32,020.
	3 Membership dues and assessments	3	
	4 Investment income	4	481.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
	b Less: direct expenses other than fundraising expenses	6c	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	4,985.
	7a Gross sales of inventory, less returns and allowances	7b	2,220.
	b Less: cost of goods sold	7c	2,765.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	86.
	8 Other revenue (describe ► MISCELLANEOUS RECEIPTS)	9	72,127.
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 7c, and 8		
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule) <b>RECEIVED</b> <b>10/25/2010</b>	10	6,900.
	11 Benefits paid to or for members	11	2,421.
	12 Salaries, other compensation, and employee benefits	12	36,522.
	13 Professional fees and other payments to independent contractors	13	6,450.
	14 Occupancy, rent, utilities, and maintenance	14	8,370.
	15 Printing, publications, postage, and shipping	15	3,093.
	16 Other expenses (describe ► See Other Expenses Statement)	16	8,000.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	71,756.
<b>ASSETS</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	371.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	46,986.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,357.

**Part II. Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments	46,568.	22
23 Land and buildings	0.	23
24 Other assets (describe ► See L-24 Stmt)	4,386.	24
25 <b>Total assets</b>	50,954.	25
26 <b>Total liabilities</b> (describe ► See L-26 Stmt)	3,968.	26
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	46,986.	27
		47,357.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

**Part III: Statement of Program Service Accomplishments (See the instructions.)**

## —Expenses

**E** (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? PROVIDE MUSICAL EDUCATION AND PROMOTE MUSICAL EXCELLENCE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 THE ORGANIZATION CREATES AN INVITING AND SAFE COMMUNITY FOR YOUNG WOMEN TO SHARE IN MUSICAL EXCELLENCE, BUILD CONFIDENCE, AND GAIN PERSPECTIVE ABOUT THE WORLD THROUGH MUSIC.  
64 SINGERS WERE SERVED AND 8 FREE PERFORMANCES WERE GIVEN.

28a 44, 241.

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30 

(Grants \$ ) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule) 7 8 9

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

Part IV List of Officers, Directors, Trustees, and Key Employees

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MICHELLE M WINEMILLER	ARTISTIC DIRECTOR			
564 BLUFF ROAD NW	15.00	20,000.	0.	
ROCHESTER	MN 55901			
PAUL ALLEN	PRESIDENT			
2003 13TH AVE NW	1.00	0.	0.	
ROCHESTER	MN 55901			
SCOTT PAULEY	TREASURER			
1230 19TH AVE SW	1.00	0.	0.	
ROCHESTER	MN 55902			
GEORGE MALKASIAN	SECRETARY			
211 2ND ST NW #503	1.00	0.	0.	
ROCHESTER	MN 55901			

**Part V Other Information (Note the statement requirements in the instrs for Part V.)**

**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

**a** 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?

**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

**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**  **0**

**b** Did the organization file **Form 1120-POL** for this year?

**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?  **38b**

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved  **38b**

**39** Section 501(c)(7) organizations. Enter.  **39a**  **39b**

**a** Initiation fees and capital contributions included on line 9  **39a**

**b** Gross receipts, included on line 9, for public use of club facilities  **39b**

**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  ; section 4912 ►  ; section 4955 ►

**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**

**c** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 ►

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  **40e**  **X**

**41** List the states with which a copy of this return is filed ► Minnesota

**42a** The organization's books are in care of ► DIANE LUND Telephone no. ► (507) 206-0677  
 Located at ► 3135 SUPERIOR DR NW STE C ROCHESTER MN ZIP + 4 ► 55901

**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 account)? If 'Yes,' enter the name of the foreign country: ►

	Yes	No
<b>42b</b>	<input checked="" type="checkbox"/> <b>X</b>	<input type="checkbox"/>
<b>42c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>X</b>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 ►  and enter the amount of tax-exempt interest received or accrued during the tax year. ► **43**

	Yes	No
<b>44</b>	<input checked="" type="checkbox"/> <b>X</b>	<input type="checkbox"/>
<b>45</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>X</b>

**Part VI****Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3)-organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

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?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
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-----				
-----				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer	Date
► PAUL ALLEN		
Type or print name and title		

1 7/29/2010

PRESIDENT

<b>Paid Preparer's Use Only</b>	Preparer's signature ► DIANE LUND, CPA	Date 07/29/10	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► LUND TAX AND ACCOUNTING 3135 SUPERIOR DR NW STE C ROCHESTER MN 55901	EIN	Phone no ► (507) 206-0677	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2009)

**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.**

Open to Public Inspection

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  
20-8822875

**Part I: Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
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  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes  No

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h. Provide the following information about the supported organizations.

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BAA

**BAA** 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**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year 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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
<b>4 Total.</b> 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 shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12
<b>13 First five years.</b> 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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) ...	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>b 33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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 yr 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 'unusual grants'.)		2,000.	49,675.	68,285.	36,775.	156,735.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		2,700.	29,700.	45,046.	37,005.	114,451.
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						
<b>6 Total.</b> Add lines 1 through 5		4,700.	79,375.	113,331.	73,780.	271,186.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						271,186.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6		4,700.	79,375.	113,331.	73,780.	271,186.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				39.	855.	481.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						1,375.
<b>c</b> Add lines 10a and 10b			39.	855.	481.	1,375.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add Ins 9, 10c, 11, and 12)						272,561.

**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))	15	99.50 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.55 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.50 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.45 %

**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 more 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 14 or 19a, 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 ▶

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Depreciation and Amortization  
(Including Information on Listed Property)

2009

Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

SING OUT LOUD

Business or activity to which this form relates

Form 990 / Form 990EZ

Identifying number  
20-8822875**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,327.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	18	

## Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	1,327.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?	Yes	No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 31 32 33 34 35 36	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Total business/investment miles driven during the year (do not include commuting miles)											
Total commuting miles driven during the year											
Total other personal (noncommuting) miles driven											
Total miles driven during the year. Add lines 30 through 32											
Was the vehicle available for personal use during off-duty hours?											
Was the vehicle used primarily by a more than 5% owner or related person?											
Is another vehicle available for personal use?											

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.</i>		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					

Name as Shown on Return  
SING OUT LOUDEmployer Identification No  
20-8822875

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	815.	
PREPAID EXPENSES		
FIXED ASSETS	3,571.	
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>4,386.</b>	
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	3,968.	5,630.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>3,968.</b>	<b>5,630.</b>

## Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>MUSIC LIBRARY</u>	3,437.
<u>SUPPLIES</u>	1,230.
<u>PERFORMANCE COPYRIGHTS</u>	72.
<u>CREDIT CARD AND BANK FEES</u>	517.
<u>Depreciation</u>	1,327.
<u>TOUR EXPENSES</u>	249.
<u>INSURANCE</u>	298.
<u>STAFF DEVELOPMENT</u>	195.
<u>MEMBERSHIPS AND DUES</u>	185.
<u>WEBSITE</u>	308.
<u>ADVERTISING</u>	150.
<u>MISCELLANEOUS</u>	32.
 Total	 8,000.

## Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LAUREN GROVE 6254 13 AVE NW ROCHESTER MN 55901		500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BETHANY HAGAN 1139 TARO LN SW ROCHESTER MN 55902		500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid****Purpose of Payment****SCHOLARSHIP**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MOIRA MOYNIHAN 440 EAGLE LN SW ROCHESTER MN 55902		500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Purpose of Payment****GRANT**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input type="checkbox"/> Person <input type="checkbox"/> CHILDRENS DANCE THEATER PO BOX 6655 ROCHESTER MN 55903		400.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Purpose of Payment****GRANT**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
GRANT	Business <input type="checkbox"/> Person <input type="checkbox"/> REI 5446 N. Academy Blvd Suite 202 Colorado Springs CO 80918		5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Supporting Statement of:**

Form 990-EZ/Line 22, Column (A)

Description	Amount
ASSOCIATED BANK CHECKING #1	4,138.
ASSOCIATED BANK CHECKING #2	4,141.
ASSOCIATED BANK MONEY MARKET	34,863.
UNDEPOSITED FUNDS	3,426.
Total	<u>46,568.</u>

**Supporting Statement of:**

Sch. A, page 3/Gross Receipts-3

Description	Amount
TUITION	27,050.
RECORDING SALES	2,540.
SPECIAL EVENTS	110.
Total	<u>29,700.</u>

**Supporting Statement of:**

Sch. A, page 3/Gross Receipts-4

Description	Amount
TUITION	31,910.
OTHER REVENUE	9,966.
SPEICAL EVENTS	3,170.
Total	<u>45,046.</u>

**Supporting Statement of:**

Sch. A, page 3/Gross Receipts-5

Description	Amount
TUITION	32,020.
GROSS SALES	4,985.
Total	<u>37,005.</u>