

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# "Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

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

Open to Public Inspection

B Check of applicables   Please use His   Concord Community   Music School
Contributions   Principal or CONCORD COMMUNITY MUSIC SCHOOL
Name change   Same change
Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number   603-228-1196
Agended   Agen
Application   Pending   F Name and address of principal officer MARGARET SENTER   F Name and address of principal officer MARGARET SENTER   F Name and address of principal officer MARGARET SENTER   Application   F Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates?   Yes   X Name and address of principal officer MARGARET SENTER   For affiliates included?   Yes   Name and address of principal officer MARGARET SENTER   For affiliates included?   Yes   Name and address of principal officer MARGARET SENTER   For affiliates included?   Yes   Name and address of principal officer MARGARET SENTER   For a principal officer MARGARET SENTER   For a principal officer MARGARET SENTER   For a principal officer MARGARET
F Name and address of principal officer MARGARET SENTER  23 WALL STREET, CONCORD, NH 03301  I Tax-exempt status
Tax-exempt status
I Tax-exempt status
Website:   WWW.CCMUSICSCHOOL.ORG
Part I   Summary   1   Briefly describe the organization's mission or most significant activities: TO FOSTER A SENSE OF COMMUNITY THROUGH MUSIC BY PROVIDING THE FULLEST POSSIBLE ARRAY OF MUSICAL Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets   Number of voting members of the governing body (Part VI, line 1a)   3   1   1   1   1   1   1   1   1   1
Briefly describe the organization's mission or most significant activities: TO FOSTER A SENSE OF COMMUNITY THROUGH MUSIC BY PROVIDING THE FULLEST POSSIBLE ARRAY OF MUSICAL  Check this box  If the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part (VIII, dollar) (International Part
Briefly describe the organization's mission or most significant activities: TO FOSTER A SENSE OF COMMUNITY THROUGH MUSIC BY PROVIDING THE FULLEST POSSIBLE ARRAY OF MUSICAL  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part (VIII dollary C), line 12  Net unrelated business taxable income from Form.990-17, line 34  Recent whitenes and groats (Part VIII language)  Prior Year  Current Year  Current Year  Current Year  Current Year
THROUGH MUSIC BY PROVIDING THE FULLEST POSSIBLE ARRAY OF MUSICAL  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part (VIII. dol/Imp (C), line 12  Net unrelated business taxable income from Form.990-T, line 34  NAY 1 7 2011  Prior Year  Current Year  A 9 3 3 0 7 5 7 6 7 4 4
b Net unrelated business taxable income from Form 990-T, line-34—1.1 7b 7b 7b 7c 7d 7c 7d
b Net unrelated business taxable income from Form 990-T, line-34—1.1
b Net unrelated business taxable income from Form 990-T-line-34—1.1 7b 0  Prior Year Current Year  493 307 576 744
b Net unrelated business taxable income from Form 990-T, line-34—7.01 7b 0  Prior Year Current Year  493 307 576 744
b Net unrelated business taxable income from Eorm 990-T, line-34—75 75 76 744
b Net unrelated business taxable income from Eorm 990-T, line-34—75 75 76 744
b Net unrelated business taxable income from Eorm 990-T, line-34— 10 Prior Year Current Year  Contributions and grants (Part VIIII Inc. 21b) MAY 1 7 2011
Prior Year Current Year  A 2 3 3 0 7 5 7 6 7 4 4
8 Contributions and grants (Part VIII, line 20)  Prior Year Current Year  493,307. 576,744
9 Program service revenue (Part VIII, line 20) 493,307. 576,742
E   9 Program service revenue (Part VIII, line 2g) 14-1   1-144.74.00   1-144.74.00
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
10 Investment income (Part VIII, column (A), lines 3 4; end vol UT
11 Other revenue (Part VIII, column (A), lines-5, 6d, 8c, 9c, 10c, and 11e)  9,721.  8,774
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       1,595,596 • 1,607,392         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       193,934 • 201,317
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  1,108,203.  994,648
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  73,170.
b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 495, 185. 508, 014
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,797,322. 1,703,979
19 Revenue less expenses Subtract line 18 from line 12
Beginning of Current Year End of Year
Beginning of Current Year   End of Year
21 Total liabilities (Part X, line 26) 1,197,809. 1,109,782
22 Net assets or fund balances. Subtract line 21 from line 20 1,123,011. 1,039,852
│Part II │Signature Block
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
h 5 Ca A
Sign / / Langer 6-10-//
Here Signature of officer Date
MARGARET SENTER, PRESIDENT & CEO
Type or print name and title
Preparer's Date Check If self- Preparer's identifying number (see instructions)
Paid signature signature
Preparer's Firm's name (or TYLER, SIMMS & ST.SAUVEUR CPAS PC    Secondary   Preparer's Firm's name (or yours if the property of the property o
use only self-emptoyed). 19 MORGAN DRIVE
ZIP + 4 LEBANON, NH 03766 Phone no. ▶ 603-653-0044
May the IRS discuss this return with the preparer shown above? (see instructions)
932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (200

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2009)	CONCORD COMMUNITY		22-25	<u>52850</u>	Page 2
Pai	t III Statement of	<b>Program Service Accomplis</b>	shments			
1	Briefly describe the orga	anization's mission:				
·	-	SENSE OF COMMUNITY	THROUGH MUSTC	BY PROVIDING THE	FULLE	<b>ያ</b> ጥ
		AY OF MUSICAL EXPE				
			KIENCES FOR PE	OPHE OF ALL AGES,	MOSIC	<u>уп</u>
	ABILITIES, A	ND BACKGROUNDS.				
2	Did the organization und	dertake any significant program servi	ices during the year which we	ere not listed on		
	the prior Form 990 or 99	0-EZ?			Yes	X No
	If "Yes." describe these	new services on Schedule O				
3	•	ase conducting, or make significant c	changes in how it conducts is	nny program convece?	Ves	X No
3			manges in now it conducts, a	iny program services:	163	140
		changes on Schedule O.				
4	Describe the exempt pur	rpose achievements for each of the	organization's three largest p	rogram services by expenses.		
	Section 501(c)(3) and 50	01(c)(4) organizations and section 49	47(a)(1) trusts are required to	report the amount of grants and		
	allocations to others, the	e total expenses, and revenue, if any	, for each program service re	ported		
4a	(Code SEE ATTACHED	) (Expenses \$ 1,406,210 STATEMENT	Including grants of \$	201,317.)(Revenue\$	1,022,	439.)
	• • • • • • • • • • • • • • • • • • • •	<del></del>				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		)
				, (		
				<del> </del>		
						•
4c	(Code·	) (Expenses \$	including grants of \$	) (Revenue \$		
70	(0006	) (Expenses ¢	including grants of \$	) (i revenue φ		
				<del></del>		
	-	<u> </u>				
4d	Other program services.	. (Describe in Schedule O.)				
_	(Expenses \$	including grants of \$	) (Rever	nue \$)		
4e						
932002 02-04-		expenses ▶\$ 1,406,	210.		Form 9	<b>90</b> (20

Part IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	_	<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable · · · · · · · · · · · · · · · · · · ·	_11_	X	<del> </del>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	٠,	1	
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	* ^ 8 ·	%:	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	2	,	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			'
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			ļ
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII.	12	X	
128	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del></del> -	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u></u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

Form 990 (2009)

Part IV	<b>Checklist of Required Schedules</b>	(continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		v	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		Х
	Schedule K. If "No", go to line 25	24a 24b		Λ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
<b>25a</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25d		Λ
D	Is the organization 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			
		25b		х
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		- 21
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
_	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
			i	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	

009) CONCORD COMMUNITY MUSIC SCHOOL Statements Regarding Other IRS Filings and Tax Compliance

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns Enter -0- if not applicable	1a	_	31			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			:
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments.	eporta	ble gaming				
	(gambling) winnings to prize winners?		·		1c	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		67			
	filed for the calendar year ending with or within the year covered by this return	2a		67	~	·~····	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the				<u>2b</u>	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						<u> </u>
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross	a by t	nis return?	,	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	ما اد			3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		4-		х
_	financial account in a foreign country (such as a bank account, securities account, or other financial if "You" enter the name of the foreign country.	accou	ny?		4a	λ,	A ,
D	If "Yes," enter the name of the foreign country ►	Bank 1					
	Financial Accounts	Dalik	inu				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			,	 5а		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	ction?	•		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			Ì	<u> </u>		
Ŭ	Tax Shelter Transaction?		, rombitod		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne ora:	anization solic	ert			
	any contributions that were not tax deductible?				6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts				
	were not tax deductible?		Ū		6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	,			
	provided to the payor?				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired				
	to file Form 8282?	·	•		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al				
	benefit contract?				7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti				7f	-	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		•	-	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	isiness holdin	ngs			
_	at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?				9a		
b 1∩	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.				9b		
10		10a					
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
ь 11	Section 501(c)(12) organizations. Enter	10b	l				
'' a	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against	1 Id					
U	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ĺ				
	The state of the s	<u>,</u>			Form	990	(2009)
							/

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management						
		_				Yes	No
1a	Enter the number of voting members of the governing body	1a	1		13		.
b	Enter the number of voting members that are independent	1b			13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wıt	th any o	ther			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dir	ect sup	ervision			
	of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	990 was	filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			5		X
6	Does the organization have members or stockholders?				6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	ers of th	ıe			
	governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	s?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durı	ng the	year	11,		
	by the following:				ر آ ئىد		
а	The governing body?				8a	1	
b	Each committee with authority to act on behalf of the governing body?				8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ache	d at the	,			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Reven	nue Co	<i>le )</i>			,
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10:	a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	pters, a	ffiliates,			
	and branches to ensure their operations are consistent with those of the organization?				101		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	filing	the for	n?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					/ the A0000	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12:	a X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld g	jive rise		-	-	
	to conflicts?				121	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes	s," desc	nbe			
	ın Schedule O how this is done				120	c X	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?				14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approve	al by	ındepe	endent	žu sas		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7					
а	The organization's CEO, Executive Director, or top management official				15:		
b	Other officers or key employees of the organization				15	b X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)				*		20 s
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	t with a		3 ;	<u> </u>	
	taxable entity during the year?				16	а	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation and options of the procedure requiring the organization of the procedure requiring the organization of the procedure requirement of the pr			rticipation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganıza	ation's				
	exempt status with respect to such arrangements?		<u> </u>		16	b	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NH						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (50	)1(c)(3)s	only) ava	ılable for		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	confl	ict of in	terest pol	icy, and fi	nancial	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ecords	of the org	anızatıon:	▶_	
	MARGARET SENTER, PRESIDENT & CEO - 603-228-1196						
	23 WALL STREET, CONCORD, NH 03301						
					For	m <b>990</b>	(2009)

932006

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

Check this box if the organization did not compensate any current officer, director, or trustee.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)  Name and Title	(B) Average				C)			(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	individual trustee or director			that	Highest compensated do employee	<u> </u>	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
PANSY BLOOMFIELD						1			_	
VICE CHAIR	1.00	X		X		├		0.	0.	0.
DAVID CAWLEY	1 00			٠,,						•
CHAIR	. 1.00	X	<u> </u>	Х		$\vdash$		0.	0.	0.
ANNE BAIER	1 00	<b>.</b>						0.	0.	•
MEMBER CHARLES L. HEAD, P.E., P	1.00	A	<del> </del>			-	<b>.</b>	0.	Ų .	0.
MEMBER	1.00	v						0.	0.	0.
JOHN FAGGIANO	1.00	┢				<del>                                     </del>		0.	0.	0.
EX OFFICIO	1.00	v						0.	0.	0.
LOUIS JOSEPHSON, PH.D.	1.00	1						0.	·	•
MEMBER	1.00	x					İ	0.	0.	0.
KIRK B. LEONI, CPA										
TREASURER	1.00	X	1	х				0.	0.	0.
REBECCA MOORE LOUGEE										
MEMBER	1.00	X						0.	0.	0.
HARRIET G. RESNICOFF, LI								_		
MEMBER	1.00	X						0.	0.	0.
ROBERT P. GERSENY, SR. V	<del>-</del> -								_	
MEMBER	1.00	X						0.	0.	0.
PEGGY SENTER										1:
PRESIDENT & CEO/EX-OFFIC	40.00	X		X				75,125.	0.	6,082.
MARY STADELMANN										
MEMBER	1.00	X						0.	0.	0.
BONNIE J. WHITE										_
MEMBER	1.00	X				<u> </u>	_	0.	0.	0.
FREDERICK M. BRICCETTI,										
MEMBER	1.00	X				╙	<u> </u>	0.	0.	0.
CHRIS SULLIVAN, ESQ	1 00									•
CLERK	1.00	X	├—	X	<u> </u>	<del> </del>	-	0.	0.	0.
RICHARD C. SIMPSON, JR. MEMBER	1 00	v						0.	0.	_
MEMDEK	1.00	^	<del> </del>	-		$\vdash$	$\vdash$	0.	<u> </u>	0.
	L	<u> </u>	L	<u> </u>	<u> </u>	!		1	<u> </u>	L

932007 02-04-10

Form **990** (2009)

<u>22-2552850</u>

Pai	TVII Section A. Officers, Directors, Tru		nplo	yee	s, a	nd i	High	est		ees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours	(c)		Pos ali t		app	lv)	Reportable compensation	Reportable compensation	,	Estimat amount	
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C) c	other ompensa from the organiza and relar rganizat	ation ie tion ted
													_
													<u>.                                    </u>
	·									-			
						_							· ——
										_	-	<u>, , , , , , , , , , , , , , , , , , , </u>	
1b	Total						┢		75,125.		0.	6.0	82.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	no re		0,000 in reportable			
	compensation from the organization											1.4	0
3	Did the organization list any former officer,			, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on	<u> </u>	Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			omp	ensa	atıor	n and	d otl	her compensation from	the organization			
-	and related organizations greater than \$15										-4	1	X
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Scheo				rom	any	/ uni	elat	ed organization for serv	ices rendered to		5	<u> </u>
Sec	tion B. Independent Contractors	<u> </u>											
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensatio	n from	
	the organization. NONE							I	(B)	<del></del>		(C)	
	Name and business	address							Description of s	services	Con	pensation	on
·				_									_
						_							
	<del> </del>										<del></del>		
	Total number of independent contracts	includes but -	- 1-	mitc		. +b		otas	A above) who recovered	nore than	_		_
	Total number of independent contractors ( \$100,000 in compensation from the organi	_	.UL 11		:u 10		0 0	sieC		nore urari	Fo	rm 990	(2000)

		(2009) CONC		<u>NITY MUS</u>	IC SCHOOL		<u> 22-2552</u>	2850 Page <b>9</b>
Pa	rt VI	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512,
<u></u>								513, or 514
ints		Federated campaigns	1a					
P S	b	Membership dues	1b					,
fts,	C	•	1c					
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d	20 425				
Sir	e	Government grants (contribut		29,425.				
ig je	1	All other contributions, gifts, gran		E 47 210				
불리	_	sımılar amounts not ıncluded abo		547,319. 12,810.				
걸림	g	Noncash contributions included in lines  Total, Add lines 1a-1f	s 1a-1f \$	12,010.	576,744.			
<del>-</del>		Total. Add lines 1a-11		Business Code	3/0,/44.	<u> </u>		
	2 a	TUITION & REGIS	מרד מידר מיד	711130	966,140.	966,140.		
Š	2 a b	CONCERN DESIGNATION		711130	37,071.			
Sel	c	COLOGRITMU DADON		711130	11,744.	<del>-</del>		
Program Service Revenue	d	DECIMAL WALL DE		711130	6,746.			
ğ	- -	OTHER REVENUE		711130	738.	738.		
4	f	All other program service reve	enue	, 11130	7500	7,501		
İ	a	Total. Add lines 2a-2f		<b></b>	1,022,439.		<b>~</b>	
	3	Investment income (including	dividends, inter					
		other similar amounts)		<b>&gt;</b>	<565.	<b>&gt;</b>		<565.
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties .		<b>•</b>				
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						٠. ه. ١
	С	Rental income or (loss)		<u></u>			9, 2, 2, 2, 2	3 3
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)					<del></del>	
		Net gain or (loss)						<u></u>
e e	8 a	Gross income from fundraisin	-					
ē		including \$						
Be		contributions reported on line	1c) See	0.100				
Other Revenue		Part IV, line 18	a					
8		Less. direct expenses	, b	L	0 100			0 100
		Net income or (loss) from fund	-	. •	8,198.			8,198.
	9 a	Gross income from gaming ad						
		Part IV, line 19	a					
		Less: direct expenses  Net income or (loss) from gam	b bana cotuutios	L				
		Gross sales of inventory, less	-					
	iv a	and allowances	a	2,371.				
	b	Less: cost of goods sold	b					
ľ		Net income or (loss) from sale	_	<u> </u>	576.			576.
Ī		Miscellaneous Revenu		Business Code	3700			
ŀ	11 a	Wildowia Todas Tievoria						
ł	ь ь				<del>-</del>			1
	c		_	-				<u> </u>
	d	All other revenue						1
	e	Total. Add lines 11a-11d				"		
	12	Total revenue. See instructions.	<u>.                                    </u>	<b>&gt;</b>	1,607,392.	1,022,439.	0.	8,209.
93200 02-04	9 - 10							Form <b>990</b> (2009)

### Part IX | Statement of Functional Expenses

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

	All other organizations must comple	and 501(c)(4) organizat ete column (A) but are	not required to comple	ete columns (B), (C), and (	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	201,317.	201,317.		,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				;
_	See Part IV, lines 15 and 16		<del></del>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	84,190.	21,047.	42,096.	21,047.
6	trustees, and key employees  Compensation not included above, to disqualified	04,130.	21,047.	42,090.	21,047.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	756,234.	685,221.	40,837.	30,176.
8	Pension plan contributions (include section 401(k)	. 50,252			
_	and section 403(b) employer contributions)	ļ			
9	Other employee benefits	95,771.	73,402.	22,186.	183.
10	Payroll taxes	58,453.	49,097.	5,783.	3,573.
11	Fees for services (non-employees):				<u> </u>
a			•		
b					
С	Accounting				
d	Lobbying				
е	D -4 0 D+ 17		Y 14. 1 1888	\$ 6 .0	
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,571.	600.		971.
13	Office expenses	L'EST			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		_		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,135.	1,220.	2,855.	1,060.
20	Interest	56,604.	50,986.	5,618.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	126,279.	126,279.	4 4 4 4 4	
23	Insurance	11,341.	10,210.	1,131.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а		52,885.	1,926.	49,831.	1,128.
b		46,763.	7,159.	35,837.	3,767.
c	REPAIRS AND MAINTENANCE	46,495.	44,442.	2,053.	
d	UTILITIES	39,043.	34,358.	4,685.	
е	PERFORMING ARTIST FEES	36,260.	36,260.		
f	All other expenses	85,638.	62,686.	11,687.	11,265.
25	Total functional expenses. Add lines 1 through 24f	1,703,979.	1,406,210.	224,599.	73,170.
26	Joint costs. Check here   If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form <b>990</b> (2009)

932010 02-04-10

Form **990** (2009)

Part X Balance Sheet (A) Beginning of year (B) End of year 64,564. 17,889. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 192,073. 196,236. 3 3 Pledges and grants receivable, net 14,803. 17,640. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net Assets 6,128.6,128. Inventories for sale or use 8 14,737. 6,742. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,20<u>9,870</u> basis Complete Part VI of Schedule D 10a 10b 1,351,255. 1,976,835. 1,858,615. 10c b Less accumulated depreciation 36,609. 41,700. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 8,847. 10,908. 15 Other assets. See Part IV, line 11 15 2,320,820. 2,149,634. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 37,523. 31,340. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 51,392. 36,802. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 876,158. 925,106. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 183,788. 165,482. Other liabilities Complete Part X of Schedule D 25 25 1,109,782. Total liabilities. Add lines 17 through 25 197,809. 26 26 X and complete Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 832,966. 730,891. 27 27 Unrestricted net assets 263,961. 245,045. 28 Temporarily restricted net assets 28 45,000. 45,000. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,123,011. 33 1,039,852. 33 Total net assets or fund balances

> 2,149,634. Form **990** (2009)

Total liabilities and net assets/fund balances

2,320,820.

34

2 -	2	5	5	2	8	5	0	Page	12
									_

			Yes	No
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

Employer identification number

			CONCORD	COMMUNITY M	USIC	SCHOO	L			22	<u> -2552</u>	<u>850</u>	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
The	organ	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox)					
1		A church, cor	nvention of churches	s, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	$\mathbf{x}$	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)								
3		A hospital or	a cooperative hospit	tal service organization of	described i	n section	170(b)(1)(	A)(iii).					
4		A medical res	search organization of	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	s nam	e,
-		city, and state								-			
5		•		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unr	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6				ent or governmental unit	t described	ın sectio	n 170(b)(1	)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed ii	า
		_	b)(1)(A)(vi). (Comple				_			_			
8				ection 170(b)(1)(A)(vi). (	(Complete	Part II)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contril	butions, m	nembershi	p fees, and	d gross red	eipts t	rom
				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete										
10		An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	l).				
11		An organizati	on organized and or	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carr	y out the p	urposes o	f one o	or
		more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2	). See <b>se</b> c	tion 509(	a)(3). Ched	ck the box	that	
		describes the	type of supporting	organization and comple	et <u>e lin</u> es 1 <sup>.</sup>	le through	11h.						
		a Type I	l <b>b</b> ∟	_ Type II c	; 🔲 Тур	e III - Func	tionally int	egrated		d	Type III - C	Other	
e				t the organization is not									n
		foundation m	anagers and other t	han one or more publicly	y supporte	d organıza	tions desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	t it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									
ç	l	•		organization accepted ar			-		_				
				rectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (ıi) and (	III) below,		Yes	No_
		•	• •	upported organization?							11g(i)		
		• •	•	n described in (i) above?							11g(ii)		
		• •	•	person described in (i) o							11g(iii)		
r	1	Provide the fo	ollowing information	about the supported or	ganızatıon	(s)							
			ı	(iii) Type of					(1.2) (0	tho T			
(i		of supported	(ii) EIN	organization		v) Did you notify the organization in col.			(vii) Amount of		f		
	orga	anization		(described on lines 1-9	in col. (i) listed in your organization in col governing document? (i) of your support				(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
_				(See insuredons)	162	140	165	140	163	140	<u> </u>		
					<del>  -</del>					<del>                                     </del>			
					l								
				_					<del> </del> -				-
								ļ	i				
			-										
<b>T</b> ot	al												

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009			- W 4 ma	6 17417A16	1.476/1-1/41/41/	Page 2
Pa	Support Schedule for	_		Sections 170	)(b)(1)(A)(iv) ar	id 170(b)(1)(A)(v	/1)
	(Complete only if you checked	the box on line 5	o, 7, or 8 of Part I.)				·
	ction A. Public Support	г	1				<u> </u>
	endar 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 organ-				1		
	ization's benefit and either paid to or expended on its behalf						
•						<del>                                     </del>	
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					-	
Ü	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			}			
_6	Public support. Subtract line 5 from line 4				•3	*	
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		ļ				
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					<del> </del>	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			*	\(\frac{\psi}{\psi}\)	*	
	Total support. Add lines 7 through 10	ata (aga inatriat		1 '	<u></u>	12	<u> </u>
	Gross receipts from related activities, First five years. If the Form 990 is for	· ·	•	rd fourth or fifth	tay yaar as a sacti		
13	organization, check this box and stor	<u> </u>	s mst, second, um	ia, iodiai, oi mai	iax year as a secti	011 30 1 (0)(0)	▶ [
Sec	ction C. Computation of Publ		ercentage	· · ·			
	Public support percentage for 2009 (		*,***	column (fl)		14	%
	Public support percentage from 2008	**	=			15	%
	33 1/3% support test - 2009.If the o			n line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies						ightharpoons
b	33 1/3% support test - 2008. If the o	rganization did no	ot check a box on I	ine 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and <b>stop</b>	here. Explain in P	art IV how the orga	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, c	heck this box and	d <b>stop here.</b> Expla	in in Part IV how th	e
	organization meets the "facts-and-cire	cumstances" test.	. The organization	qualifies as a pub	licly supported or	ganization	
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			
					Sch	nedule A (Form 990	or 990-EZ1 2009

Part III   Support Schedule for Or Section A. Public Support	<del>-</del>					
<del></del>	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2000	(6) 2007	(u) 2000	(6) 2000	(i) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")				-	<del> </del>	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the			1			
organization's tax-exempt purpose						<u> </u>
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		•				
5 The value of services or facilities					-	
furnished by a governmental unit to						
the organization without charge						
, T	<del></del>	<del> </del>		<del> </del>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<u>.</u>	<del>                                     </del>			-	<del> </del>
b Amounts included on lines 2 and 3 received from other than disqualified persons that		ĺ				
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					ļ	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			<u> </u>	<u></u>		
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest,					II.	
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·		<u> </u>	-	-		
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						1
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)				<u> </u>	1	ļ
13 Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14 First five years. If the Form 990 is for t	he organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						<b>▶</b>
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lir	e 8, column (f) o	livided by line 13,	column (f))		15	
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves			,			
17 Investment income percentage for 200	_				17	
18 Investment income percentage from 2			, (,,,		18	
19a 33 1/3% support tests - 2009. If the c			on line 14 and lin	e 15 is more than		17 is not
						15 1101
more than 33 1/3%, check this box an						and .
b 33 1/3% support tests - 2008. If the c						
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	onted organization	▶∟
20 Private foundation. If the organization						⊾ F⁻

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

**Employer identification number** 

22-2552850 CONCORD COMMUNITY MUSIC SCHOOL Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

	rt #I   Organizations Maintaining C	COMMUNITY				or Othe		22-25			
3	Using the organization's acquisition, accessi		-								
Ū	(check all that apply).	on, and other record	is, cricci arry	01 1116 10	mowing tha	. ale a si	gimoan	400 01 113	CONSCIO	ii iteiii	3
а	Public exhibition	d	Loan	or excha	ange progra	ms					
b	Scholarly research	e			ango progre	4110					
c	Preservation for future generations	-							<del></del>		—
4	Provide a description of the organization's co	ollections and explain	n bow they fu	ther the	organizati	on'e ever	mnt nurn	nse in Pari	· XIV		
5	During the year, did the organization solicit o							Joe IIII ali	CAIV.		
3	to be sold to raise funds rather than to be ma					er Sirimar	assets	Γ-	Yes		No
Pai	rt IV Escrow and Custodial Arran					" to For	- 000 Ba	معدا / الحد			1 140
4.	reported an amount on Form 990, Pa		ete ii Organiza	lion ans	wered res	io Fon	11 990, Fa	ut iv, iiie	3, Oi		
10	Is the organization an agent, trustee, custodi	<del></del>	liany for contri	hutione	or other as	cote not	ıncludad				
ıa	on Form 990, Part X?	an or other intermed	nary for contri	DULIONS	or other as	seis noi	Included		Yes		No
<b>h</b>	· ·	and complete the fo	llouwee teblor						1 res		טאו נ
b	If "Yes," explain the arrangement in Part XIV	and complete the lo	llowing table:						A		
_	December helesse								Amoun		
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
Ţ	Ending balance	000 0 171	010				1f		٦.,		1
	Did the organization include an amount on Fo	orm 990, Part X, line	21?						<b>Yes</b>		∐ No
Pai	If "Yes," explain the arrangement in Part XIV <b>T V</b> Endowment Funds. Complete in	f 4b		A. F	- 000 Dt	N/ b== 4					
Га	Lildowinient Funds. Complete			i i				<del></del>			
		(a) Current year	(b) Prior ye		(c) Two year	s dack	(d) Three y	ears back	(e) Foul	r years	back
1a	Beginning of year balance	45,000.	39,6	46.							
ь	Contributions			F.4							
С	Net investment earnings, gains, and losses		5,3	54.	***	& 55 60		***	1 %		15 8 2
d	Grants or scholarships			-					18.		\$ 5 . 1
е	Other expenditures for facilities			- 1		- 1					
	and programs										
f	Administrative expenses	45 000	45.0								
g	End of year balance	45,000.	45,0	00.	4, .	N	*	·			" acree 1
2	Provide the estimated percentage of the year	r end balance held a	is:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► 100.00	%									
С		%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held and	d administe	red for th	ne organiz	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)	-	<u>X</u>
	(ii) related organizations								3a(ii)		<u>X</u>
b	If "Yes" to 3a(II), are the related organizations	•		?					_3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equipme	ent. See For	n 990, F	art X, line	10.					
	Description of investment	(a) Cost or of basis (investing		) Cost o basis (o			ccumulate preciation		( <b>d</b> ) Boo	k valu	Э
	Land	```			,587.				Я	1,5	87.
	Buildings		2		,002.		731,8	05.	$\frac{3}{1,37}$		
-	Leasehold improvements		-   -		,082.		201,6			$\frac{0,1}{8,4}$	
d	Equipment	-			,199.		117,8			$\frac{3}{8}, \frac{4}{3}$	
_	Other			010	,, ,, , , ,		11,10		<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X column (P)	line 10	(c))				1,85	8 6	15.
	The second secon	4-4 o 000, . art	, 00.0///// (D/)		·-/·/				<u> </u>	<del>, , ,</del>	<u></u>

Schedule D (Form 990) 2009

27

932053 02-01-10

uncertain tax positions under FIN 48

	dule D (Form 990) 2009 CONCORD COMMUNITY MUSIC SO			<u> 22-:</u>	<u> 2552850</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audite	d Financial Stat	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_	1,607,	392.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,703,	979.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<96,	
4	Net unrealized gains (losses) on investments		4			680.
5	Donated services and use of facilities		5	-	8.	748.
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9		13	428.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and O	10		<del></del>	
	t XII Reconciliation of Revenue per Audited Financial Statem			Return		<u> </u>
			Thoronac por	1	1,620,	820
1	Total revenue, gains, and other support per audited financial statements				1,020,	020.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	1 600			
a	Net unrealized gains on investments	2a	4,680 8,748	┩. │		
b	Donated services and use of facilities	2b	8,748	4 ^		
С	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIV.)	2d		4		
е	Add lines 2a through 2d			2e	13, 1,607,	<u>428.</u>
3	Subtract line 2e from line 1			3	1,607,	<u> 392.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1000		
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		4	5	1,607,	<u>392.</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses pe	r Retu		
1	Total expenses and losses per audited financial statements			1	1,703,	979.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			* **		
а	Donated services and use of facilities	2a		1		
b	Prior year adjustments	2b		기강세		
c	Other losses	2c				
d	Other (Describe in Part XIV)	2d		7		
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,703,	979.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			3	1,705,	<u> </u>
7	Investment expenses not included on Form 990, Part VIII, line 7b	4=		[ , , ]		
a L		4a		<b>∃</b> ≨. 1		
D	Other (Describe in Part XIV)	4b		<b>┤</b> ẫ::::::		0
	Add lines 4a and 4b			4c	1 702	0. 979.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information	•	<u> </u>	5	1,703,	<u>9/9.</u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com					, Part
					-	
						<u>_</u>
				Schad	ule D (Form 99	0) 2002

### **SCHEDULE E**

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

Employer identification number

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the pend of solicitation for students, or during the registration pend if it has no solicitation program, in a way that makes the policy known to all parts of the general community its revers? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  4 Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  b Admissions policies?  5 Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).  4 A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X  5 B A X		CONCORD COMMUNITY MUSIC SCHOOL	22-2	552	850	
other governing instrument, or in a resolution of its governing body?  2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Educational policies?  5 Educational policies?  6 A Statistical programs?  6 Copies of all catalogues, prochams a significant organization of the above, please explain if you need more space, use Schedule O (Form 990).						
other governing instrument, or in a resolution of its governing body?  2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Educational policies?  5 Educational policies?  6 A Statistical programs?  6 Copies of all catalogues, prochams a significant organization of the above, please explain if you need more space, use Schedule O (Form 990).	1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla	aws,			
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the pend of solicitation for students, or during the registration pend of it has no solicitation program, and way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  if you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Boy Admissions policies?  6 Copies of all catalogies, and the applicable of the above of the		other governing instrument, or in a resolution of its governing body?		1	Х	
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, and way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4. Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  if you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Boes a the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Boes a the organization discriminate assistance?  6 Copies of all catalogues, and a student and assistance?  6 Copies of all catalogues, brochures and student and assistance?  6 Copies of all material used by the organization or privileges?  5 Copies of all material used by the organization or an another written communications to the public dealing with student administrative staff?  5 Copies of all material used by the organization or an another written communications?  6 Copies of all material used by the organization or financial assistance?  8 Copies of all materi	2		chures,			
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community its serves? If "Yes," please describe. If "No," please explain.  If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogiues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Employment of faculty or administrative staff?  5 Sc X  5 Scholarships or other financial assistance?  6 Educational policies?  1 Use of facilities?  5 A X  5 A X  5 B X  6 B X  7 Other extracurricular activities?  If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6 Does the organization receive any financial aid or assistance from a governmental agency?  6 B X  5 B X  6 B X  7 Does the organization receive any financial aid or assistance from a governmental agency?  6 B X  6 B X  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of				2	X	
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculty or administrative staff?  5 C Imployment of faculty or administrative staff?  5 C Imployment of faculty or administrative staff?  5 C If Use of facilities?  9 Athletic programs?  10 Obes the organization receive any financial aid or assistance from a governmental agency?  5 Again and the applicable requirements of sections 4.01 through 4.05 of  1 If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	3					
If you need more space, use Schedule O (Form 990)  THROUGH ADVERTISING AND REGISTRATION LITERATURE  4 Does the organization maintain the following?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  if you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculty or administrative staff?  6 Educational policies?  5 Educational policies?  5 LY  1 Use of facilities?  9 Athletic programs?  6 LY  5 LY		period of solicitation for students, or during the registration period if it has no solicitation program, in a way that	it makes			
THROUGH ADVERTISING AND REGISTRATION LITERATURE    Does the organization maintain the following?   4a		the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please expl	aın.			
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization sight to such aid ever been revoked or suspended? f You answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of		If you need more space, use Schedule O (Form 990)		3	X	"
a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of		THROUGH ADVERTISING AND REGISTRATION LITERATURE				
a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of						
a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of						
a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of						
a Records indicating the racial composition of the student body, faculty, and administrative staff?  b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain if you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of	4	Does the organization maintain the following?				
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  c Employment of faculity or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization receive any financial aid or assistance from a governmental agency?  b Has the organization receive any financial aid or assistance from a governmental agency?  b Has the organization receive any financial aid or assistance from a governmental agency?  b Has the organization receive any financial aid or assistance from a governmental agency?  b Has the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	а			4a	X	
admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  5 Educational policies?  5 Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).  6 Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).	b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimina	atory basis?	4b	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculty or administrative staff?  5 Scholarships or other financial assistance?  6 Educational policies?  5 If Use of facilities?  6 Athletic programs?  6 Athletic programs?  6 Athletic programs?  6 Diver extracurricular activities?  6 If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).  6 Does the organization receive any financial aid or assistance from a governmental agency?  6 Has the organization's right to such aid ever been revoked or suspended?  6 If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	with student			
If you answered "No" to any of the above, please explain if you need more space, use Schedule O (Form 990)  5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculity or administrative staff?  5 Sc XX  5 Scholarships or other financial assistance?  6 Educational policies?  5 Educational policies?  5 If Use of facilities?  6 Athletic programs?  6 Athletic programs?  6 Does the organization receive any financial aid or assistance from a governmental agency?  6 Athletic programs in the above, please explain if you need more space, use Schedule O (Form 990).  6 Does the organization receive any financial aid or assistance from a governmental agency?  6 Athletic programs in the above please explain or Schedule O (Form 990).  6 Does the organization's right to such aid ever been revoked or suspended?  6 By X If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		admissions, programs, and scholarships?		4c	X	ł
5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculty or administrative staff?  5 Sc	d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Х	
5 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  5 Admissions policies?  5 Employment of faculty or administrative staff?  5 Sc		If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)				
a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of						
a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of						
b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of	5	Does the organization discriminate by race in any way with respect to:	·			
c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	а	Students' rights or privileges?		5a		X
d Scholarships or other financial assistance?  Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	b	Admissions policies?		5b		X
Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	С	Employment of faculty or administrative staff?		5c		X
f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	d	Scholarships or other financial assistance?		5d		X
Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  6a X  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	e	Educational policies?		5e		X
h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  6a X  b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	f	Use of facilities?		5f		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).  6a Does the organization receive any financial aid or assistance from a governmental agency?  6a X  b Has the organization's right to such aid ever been revoked or suspended?  6b X  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	g	Athletic programs?		5g		
6a Does the organization receive any financial aid or assistance from a governmental agency?  b Has the organization's right to such aid ever been revoked or suspended?  f you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	h	Other extracurricular activities?		5h		X
b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	)).			
b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of						
b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of						
b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of					_	
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)  7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	6a	Does the organization receive any financial aid or assistance from a governmental agency?	<del></del>	6a	ļ <u>-</u>	
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	b	Has the organization's right to such aid ever been revoked or suspended?		6b		X
		If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)				
Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990).	7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	05 of			
		Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 99	0)	7	X	

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

Schedule E (Form 990 or 990-EZ) 2009

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

Inspection

Name of the organization	CHAIN VINTININGS GOODIOS	בייים מדמודא	<b>;</b>				Employer identification number
Part I General Information on Grants and Assistance	Ind Assistance						0000000-77
1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the orga	ınızatıon answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	box if no one recipier	nt received more th	ian \$5,000 Use Pa	irt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	and government or s	ganizations					<b>A A</b>

Schedule I (Form 990) 2009

(f) Description of non-cash assistance STUDENTS ON AN AS-NEEDED BASIS FINANCIAL AID IS PROVIDED TO 22-2552850 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 201,317,FMV (d) Amount of non-cash assistance Ö (c) Amount of cash grant CONCORD COMMUNITY MUSIC SCHOOL (b) Number of recipients 137 (a) Type of grant or assistance VARIOUS FINANCIAL AID TO STUDENTS Schedule I (Form 990) 2009 Part III

Page 2

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE RECIPIENTS ARE AVAILABLE AT THE CONCORD

COMMUNITY MUSIC SCHOOL.

THE NAMES & ADDRESSES OF

### **SCHEDULE L**

·(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Internal Revenue		► Atta	sch to Form	1 990 or Fo	rm 990-EZ.	► See se	eparate ins	tructions	<b>3</b> .		Ins	pection		
Name of the	organization	•	•						E	mployer	identif	ication r	number	
	co	NCORD C	OMMUN	UM YT	SIC SC	HOOL			2	2-25	5285	0		
Part I	Excess Benefit	t Transacti	ons (section	on 501(c)(3	) and sectio	n 501(c)(4)	) organizatio	ns only).	_					
	Complete if the org	anization ansv	wered "Yes'	on Form 9	90, Part IV,	line 25a o	r 25b, or Fo	rm 990-E	Z, Part \	V, line 40	)b			
1	(a) Name of di	squalified ner	son		(b) Description of transaction							(c) Cor	rected?	
		Squamed per				(6)	Description	Or trainsa				Yes	No	
										•				
				+		_								
												-		
												<del> </del>		
						<del></del>				_ <del>_</del>		·	-	
2 Enter th	ne amount of tax imp	osed on the o	organization	managers	or disqualifi	ed person	s during the	e vear un	der			1	<u>'</u>	
section	•		<b>J</b>	<b>-</b>		<b>-</b>	<b>y</b>	,		▶ \$				
3 Enter th	ne amount of tax, if a	any, on line 2,	above, reim	bursed by	the organiza	ation				<b>&gt;</b> \$				
Part II	Loans to and/o	or From Int	erested	Persons.	•									
	Complete if the org			on Form 9	90, Part IV,	line 26, or	Form 990-E	Z, Part V	', line 38	a (6) And	oround	T		
	me of interested in and purpose	(b) Loan the orga	to or from nization?		al principal ount	(d) Bak	ance due	(e) defa	In ult?	by bo	oroved ard or nittee?		ritten ment?	
		То	To From					Yes	No	Yes	No	Yes	No	
										ļ				
				1										
	·			ļ										
								<del></del>			<b></b>	<del>  -</del>		
Total		_!	<u>l</u>		<b>▶</b> \$	1	<u> </u>				L		1	
Part III	<b>Grants or Assi</b>	stance Ber	nefiting li	ntereste		s.		<u>'</u>				· · · · · · · · · · · · · · · · · · ·		
	Complete if the org	anization ansv	vered "Yes'	on Form 9	90, Part IV,	line 27								
(a)	Name of interested	person		(b) Relatio	nship betwe			and				d type o	f	
				the organization						assistance				
		<del></del>												
<del></del>		***				<del>-</del>			-					
Part IV	Business Trans	sactions In	volving I	ntereste	d Person	s.								
	Complete if the org		_				28b. or 28c.							
(a)	Name of interested				between in		1	ount of	(d)	Descript	tion of		aring of	
•		•			I the organiz		transa			transact			zation's nues?	
												Yes	No	
PANSY :	BLOOMFIELD		BOA	RD ME	MBER		20	397	.THE	SCH	OOL		X	
							1					1	1	

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Attach to Form 990. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CONCORD COMMUNITY MUSIC SCHOOL

**Employer identification number** 22-2552850

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPERIENCES FOR PEOPLE OF ALL AGES, MUSICAL ABILITIES, AND BACKGROUNDS.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS REVIEWED AND
APPROVED BY THE FINANCE COMMITTEE BEFORE BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS
POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS BY REQUIRING BOARD
MEMBERS TO REVIEW POLICIES FOR ANY CHANGES.
FORM 990, PART VI, SECTION B, LINE 15: 1. THE PRESIDENT/CEO WRITES A
SELF-EVALUATION AND ANNUAL REPORT OF PROGRESS TOWARD THE ORGANIZATIONAL
GOALS (THESE GOALS ARE VOTED ON BY THE BOARD AT THE BEGINNING OF YEAR);
THIS DOCUMENT ALSO ANSWERS QUESTIONS POSED BY THE BOARD CHAIR WITH INPUT
FROM THE EXECUTIVE COMMITTEE RELATING TO PERSONAL PERFORMANCE AND RELATIONS
WITH THE BOARD.
2.THIS DOCUMENT IS SENT TO THE FULL BOARD.
3.THE BOARD CHAIR GATHERS WRITTEN INFORMATION FROM THE PRESIDENT/CEO'S
DIRECT REPORTS AND FROM 3 FACULTY COUNCIL MEMBERS, AS WELL AS FROM THE FULL
BOARD. THE BOARD CHAIR THEN COMPILES THE FEEDBACK FOR THE EXECUTIVE
COMMITTEE.

4. THE EXECUTIVE COMMITTEE MEETS TO DISCUSS THE SELF-EVALUATION DOCUMENT AND

FEEDBACK FROM OTHERS, AND PREPARES THE MAIN POINTS OF THE EVALUATION, WHICH

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

2009.05030 CONCORD COMMUNITY MUSIC SCH 1186\_\_\_3

Schedule O (Form 990) 2009

932211 02-03-10

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

CONCORD COMMUNITY MUSIC SCHOOL

Employer identification number 22-2552850

CONCORD COMMONITY MUSIC SCHOOL ZZ-ZJJZ6J0
IS SENT TO THE BOARD.
5.THE BOARD MEETS IN EXECUTIVE SESSION AT THE MAY BOARD MEETING TO DISCUSS
AND FINALIZE THE EVALUATION.
6. THE BOARD CHAIR AND ANOTHER TRUSTEE MEET WITH THE PRESIDENT/CEO TO
DISCUSS THE EVALUATION; A WRITTEN DOCUMENT SUMMARIZING THE EVALUATION IS
GIVEN TO THE PRESIDENT/CEO ALONG WITH A DECISION OF NEXT YEAR'S
COMPENSATION LEVEL.
•
THE BOARD CHAIR MAY CALL AN EXECUTIVE SESSION WITHOUT STAFF PRESENT AT ANY
TIME THROUGHOUT THE YEAR TO SOLICIT FEEDBACK FROM THE BOARD THAT CAN
CONTRIBUTE TO THE EVALUATION OF THE PRESIDENT/CEO'S PERFORMANCE IN AN
ONGOING PROCESS.
FORM 990, PART VI, SECTION C, LINE 18: THE SCHOOL ALLOWS THE PUBLIC TO
VIEW ITS ORGANIZATIONAL FORMS THROUGH A THIRD-PARTY WEBSITE OR UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL ALLOWS THE PUBLIC ACCESS
TO ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIALS
STATEMENTS AVAILABLE UPON REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: PANSY BLOOMFIELD
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD_MEMBER
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  CONCORD COMMUNITY MUSIC SCHOOL	Employer identification number 22-2552850
(C) AMOUNT OF TRANSACTION \$ 20397.	
(D) DESCRIPTION OF TRANSACTION: THE SCHOOL PURCHASES STEA	M THROUGH ONE
OF THE BOARD OF MEMBERS'S BUSINESSES, CONCORD STEAM CORPO	RATION TO HEAT
THE SCHOOL.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	NA 811.
	•
	····

# CONCORD COMMUNITY MUSIC SCHOOL 22-2552850 ATTACHMENT TO FORM 990

### **EXEMPT PURPOSE ACHIEVEMENTS**

**Mission and Values**: The mission of the Concord Community Music School (CCMS) is to foster a sense of community through music by providing the fullest possible array of musical experiences for people of all ages, musical abilities, and backgrounds. Our core values are: artistic excellence; access for all; musical friendships; lifelong musical learning; and faculty recognition, respect, and development. A full member of the National Guild of Community Schools of the Arts, the Music School draws its mission from roots in the Settlement House movement a century ago, through which music programs delivered by outstanding artists helped build a community for people from diverse backgrounds.

Access for all: CCMS has been committed to a mission of access throughout its history, steadily building the Financial Aid Fund for students in the home facility, and creating a new program delivery model, the *Music in the Community Initiative* (MICI), to reach those who cannot travel to Concord. In FY10, financial aid in the amount of \$201,317 supported nearly 600 of CCMS' weekly students, made possible through those two programs: \$101,677 in financial aid supported 149 students from families with income levels of 100-250% of federal poverty level, who studied at the Concord facility; and \$99,640 of free instruction was provided to 435 weekly MICI students. MICI works through ongoing partnerships with human service agencies and public schools statewide to pro-actively seek out those who otherwise would not participate because of income, disability, or distance. When the number of financial aid students who study in Concord is added to the number of weekly students at partner sites, most of whom are low-income, the commitment to serve the entire community is clear, as 48% of CCMS weekly students received free or reduced-cost instruction because of financial need.

As New Hampshire's population has become more diverse, CCMS faculty were among the first to work with Manchester's refugee and immigrant community, beginning in 2001. Faculty who gained experience in Manchester now work with the more recently arrived African refugees in Concord, in programs such as an African drumming and dance series co-led by our percussion faculty and a Rwandan dance teacher (mother of three of our chorus students).

<u>Participation of individuals with special needs:</u> Faculty have learned new skills to serve all who come through our door, including older students needing adaptive technologies, and students who are blind, have impaired speech due to stroke, or who have developmental disabilities or mental illness. Two certified music therapists serve on the faculty, who work with individuals with autism, profound disabilities, and mental health needs.

**Programs:** Each week in FY10, 1,250 students of all ages, income levels, and musical abilities worked with the 59 teaching artists on the CCMS faculty, from toddlers in Music & Movement, to teenagers preparing for conservatory, to young people with autism writing original songs, to retirees beginning an instrument. More than 33,000 individuals in Laconia, Manchester, Concord, and other communities received 84,800 musical services through three program areas:

1) Sequential weekly lessons, ensembles and classes in Concord. Weekly instruction in Concord served 815 students in private lessons, ensembles and group classes, ranging from Music & Movement for pre-schoolers, to sequential wind, string, and jazz ensembles for youth

ages 6-18 years, to the 120-voice Songweavers women's chorus. A nine-level sequential curriculum guides annual student evaluations and orients new faculty. Students ranged in age from 6 months to 99 years, and traveled from 107 towns in four states; they also performed in weekly workshops and more than 125 student concerts annually.

2) *The* Music in the Community Initiative (*MICI*). An additional 435 students per week were taught statewide through MICI, which takes CCMS faculty into public schools, human service agencies, and low-income preschools to provide free residency programs to many who would be unable to travel because of income, transportation, or disability. All MICI classes are taught by CCMS faculty members who are among its most experienced teachers. All MICI partnerships that involve weekly classes have a sequential curriculum in which students move from novice to more advanced levels. The classes intentionally do not require any additional expenses or outside resources for participants, such as instrument ownership, and all barriers to entry are removed. In addition to these year-long partnerships at 15 sites, weeklong residencies with organizations such as Camp Spaulding, as well as professional development workshops for teachers served partners in shorter-term but intensive educational programs. During FY10 (its 12th full year), MICI provided a total of 460 residencies, reaching 1300 individuals who received 8,600 educational services.

3) Public events and concerts throughout NH: In FY10, CCMS produced more than 200 public musical events, reaching 29,000 audience members with student and professional concerts in Concord and throughout New England. These range from the free Bach's Lunch series to folk, chamber music, and jazz concerts and the March Mandolin Festival to free master classes and workshops. Audiences include seniors, home-schooled children, mental health clients, music educators, CCMS families, and others.

Economic impact: The City of Concord's Creative Economy Plan cited CCMS as a leader in artist job creation and praised it for contributions to the regional economy and a vibrant downtown, including its role as the largest private employer of musicians in Maine, NH and Vermont, and its \$3.5 million annual economic impact. Added to the daily influx of students, faculty and staff from northern New England, participants in weekend intensive workshops travel from as far away as Quebec and Oregon, and concert audience members at more than 200 annual public events include a diverse audience who come from across New England and beyond. Musical colleague organizations using the facility attract additional participants, expanding the thriving musical community on-site. All of this musical activity means that 2,500 people weekly (130,000 annually) visit downtown Concord because of CCMS, making CCMS a primary reason that the City has begun to define itself as an artistic center.

Artistic impact: Music School faculty members concertize internationally, are recognized as NH State Council for the Arts (NHSCA) roster artists, and have won fellowships from NHSCA and the NEA. Faculty are leaders statewide and nationally in the NH Music Teachers Association, National Association of Teachers of Singing, American String Teachers Association, Organization of American Kodaly Educators, and Early Childhood Music National Association. Music School alumni teach, record and perform nationwide, continuing their studies at such institutions as Interlochen, Juilliard, New England Conservatory, and Indiana University, and holding faculty positions at CCMS, UNH, Berklee College of Music, and NH public schools. CCMS students have performed with the National Honors Youth Orchestra, the National Youth Choir, the Greater Boston Youth Symphony and All-State and All-Eastern Festivals, among other prestigious ensembles.

Form 88	868 (Rev 1-2011)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ox		<b>▶</b> [X]	
	nly complete Part II if you have already been granted an a		-		8868		
	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed).		
Type or	Name of exempt organization				Employer identification number		
print	CONCORD COMMUNITY MUSIC SCHOOL			22-2552850			
File by the	by the Number street and room arount no life B.O. box and not restrictions						
extended due date fo		00 111011140					
filing your return See		reign add	ress, see instructions.	_			
instructions		Ū	·				
			•				
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application			Application	<del></del>	Return		
s For		Code	Is For			Code	
Form 990		01 02					
Form 990-BL			Form 1041-A			08	
Form 990-EZ			Form 4720			09	
Form 990-PF			Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
	0-T (trust other than above)	06	Form 8870	-1		12	
	Oo not complete Part II if you were not already granted pooks are in the care of ► 23 WALL STREET			SIY THE	ea Form 8868.	·	
	shone No ► 603-228-1196	<u>- CO</u>	FAX No D				
	organization does not have an office or place of business	o in the Lir					
	s is for a Group Return, enter the organization's four digit (			ie ie fo	r the whole ar	oup check this	
box 🕨	. If it is for part of the group, check this box	1	ich a list with the names and EINs of all				
	equest an additional 3-month extension of time until		15, 2011	memb	ers trie exteris	SIOT IS TOT.	
	For calendar year , or other tax year beginning JUL 1, 2009 , and ending JUN 30, 2010						
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
	Change in accounting period						
	State in detail why you need the extension						
	THE TAXPAYER IS WAITING FOR INFORMATION FROM A THIRD PARTY THAT IS						
N	ECESSARY IN ORDER TO FILE A (	COMPL	<u>ETE AND ACCURATE RET</u>	<u>'URN</u>	•		
				1			
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
_	nonrefundable credits. See instructions			8a	\$	0.	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid					•	
	reviously with Form 8868.			8b	\$	0 .	
	alance due. Subtract line 8b from line 8a Include your pa	-	h this form, if required, by using			•	
	TPS (Electronic Federal Tax Payment System). See instru		11/	8c	\$	0 .	
CF	Signa	ature an	d Verification				
Under pe	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo			e best c	f my knowledge	and belief,	
Under pe	correct, and complete, and that I am authorized to prepare this fo	orm.		e best o Date		and belief,	