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Form **990** 

Department of the Treasury

# **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)

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

2009

OMB No 1545-0047

Open to Public

	Nevenue							Thispection			
				r, or tax year beginning 07-01-20 C Name of organization	009 and ending 06-30-203	10	D Employer id	entification number			
_	eck if ap dress cha	oplicable ange	Please use IRS	COMMUNITY SCHOOL OF MUSIC & A	RTS		23-702390				
_		_	label or print or	Doing Business As		E Telephone number					
_	me char		type. See				(650) 917-	6800			
_	tial retur		Specific Instruc-	Number and street (or P O box if mages 230 SAN ANTONIO CIRCLE	ail is not delivered to street addr	ess) Room/suite	<b>G</b> Gross receipts				
_	mınated		tions.								
Am	ended r	return		City or town, state or country, and Z MOUNTAIN VIEW, CA 94040	IP + 4						
Apı	olication	pending									
				ne and address of principal office	er	H(a) Is th	Is a group retur	n for			
				RYN M THIBODEAUX AN ANTONIO CIRCLE		affilia	tes?	⊤Yes ▼ No			
				TAIN VIEW, CA 94040		H(b) Are al	l affiliates includ	ded?			
						1		: (see instructions)			
: Ta	x-exem	pt status	<b>▽</b> 501(c	) ( 3 ) ◀ (insert no )	or <b>5</b> 27		ip exemption ni				
w	ebsit e	:: ► www	arts4all o	org							
<b>C</b> For	n of ora	nanization	✓ Cornorat	tion Trust Association Other		l Year of fo	rmation 1969	<b>M</b> State of legal domicile CA			
	rt I	Sumn		tion ( mase) hasociation ( other p		<b>1</b> rear or 10	indion 1303	Tractice of legal dofficies of			
	T		•	ie organization's mission or most	significant activities						
		ENHANG	CE QUALI	ITY OF LIFE BY ENGAGING THE	E COMMUNITY IN HIGH-	QUALITY ART	S AND MUSIC	EDUCATION			
<u>5</u>											
Ē											
15											
aovemance	2	Check th	nis box 🛏	if the organization discontinued	d its operations or disposed	d of more than	25% of its net	assets			
	3	Number	of voting i	members of the governing body (I	Part VI, line 1a)		3	32			
ACUMUES &			_	ndent voting members of the gove							
ÿ ≣				nployees (Part V , line 2a)		•					
5				olunteers (estimate if necessary)			6	6			
į				ted business revenue from Part \				a 12,29			
		•		iness taxable income from Form 9	, , , , , , , , , , , , , , , , , , , ,			<b>b</b> 8,46			
	_					Prio	r Year	Current Year			
	8	Contrib	uitions an	d grants (Part VIII, line 1h)		1110	1,274,493	862,990			
활	9					'		,			
e	-			revenue (Part VIII, line 2g)			3,288,831	3,263,575			
Reveni	10			me (Part VIII, column (A), lines :		•	-43,301				
_	11			'art VIII, column (A ), lines 5, 6d dd lines 8 through 11 (must equa			-19,133	25,390			
	12					ie	4,500,890	4,159,927			
	13			ar amounts paıd (Part IX, column			272,313	259,947			
	14	Benefit	s paid to d	or for members (Part IX, column (	(A), line 4)		0				
	15	Salarie	s, other co	ompensation, employee benefits	(Part IX, column (A), lines	5-					
Expenses		10)				3,397,923 3,30					
<del>ē</del>	16a	Profess	sional fund	Iraısıng fees (Part IX, column (A)	), line 11e)			0			
ਡੋ	ь	Total fun	draising exp	oenses (Part IX, column (D), line 25) 🛌							
_	17	Othere	expenses	(Part IX, column (A), lınes 11a-	11d, 11f-24f)		1,029,303	977,869			
	18	Total e	xpenses ,	Add lines 13–17 (must equal Pa	rt IX, column (A), line 25)		4,699,539	4,542,955			
	19	Revenu	ıe less exp	penses Subtract line 18 from line	e 12		-198,649	-383,028			
8 % 9							g of Current	End of Year			
met Assets of Fund Bafances						Υ	ear				
300	20			rt X, line 16)			14,429,297	14,134,782			
E E	21		•	Part X, line 26)			1,750,837	1,743,356			
	22			nd balances Subtract line 21 fror	m line 20		12,678,460	12,391,426			
Pai	rt II	_	ature Bl								
				erjury, I declare that I have examined the							
		and belie	i, it is tiue,	correct, and complete Declaration of pro	eparer (outler thatforticer) is bas		он от wnich prepa 				
Sign Here		****	*****								
		Signa	ture of office	er							
		<b>I</b> KATH	RYN M THIB	ODEAUX INTERIM Executive Director							
			or print nam								
		Dreparer's	: h		Date	Check If	Preparer's ident	ıfyıng number			
Paid		Preparer's signature		ENCE S KUECHLER	2010-12-03	self-	(see instructions				
	arer's	F197 /:	F	PEDCEDIENTO ACCOUNTANCY SOS		empolyed 🕨 🦵					
•	Only	ıf self-em		P	Kr		EIN 🕨				
, <del></del> (	Only		and ZIP + 4	55 ALMADEN BLVD STE 600				400) 404 (225			
				SAN JOSE, CA 95113			Phone no 🕨 (	408) 494-1200			
4					<del></del>	•		Evan Ena			

Cat No 11282Y

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Enhances the quality of life by engaging diverse community in high-quality arts education, performances and exhibitions

4e	Total program servi	re exnenses <b>⊁</b> ⊄	3,681,76	2	·	
	(Expenses \$	ınclu	iding grants of	f \$	) (Revenue \$	)
4d	Other program serv	ices (Describe in Sche	dule O )			
	youth, teens and adults	in a variety of disciplines, increative art classes in a safe	cluding drawing,	painting, printmaking, sculp	and special workshop intensives, fo ture, multimedia composition, anim r children in grades K-8 The School	ation and folk arts Vacation
4c	(Code	) (Expenses \$	529,024	including grants of \$	17,059 ) (Revenue \$	654,127 )
40	IN-SCHOOL CSMA OFFER AND SANTA CLARA COUN FOR VISUAL AND PERFO ALSO TEACHING APPREC CREATED BY EVERY CHI CULTURAL UNDERSTAND	RS AN AWARD-WINNING ART NTIES WITH A SEQUENTIAL, RMING ARTS THE ART4SCHO IATION AND CULTURAL UND LD IN THE PROGRAM MUSIC DING OF MUSIC AND ITS OR	r4SCHOOLS AND COMPREHENSIVE DOLS CURRICULL DERSTANDING OF 4SCHOOLS PROG IGINS END-OF-T	MUSIC4SCHOOLS PROGRAM E CURRICULUM TAUGHT DU JM DEVELOPS TECHNICAL S ART AND ITS HISTORY EN GRAM TEACHES SINGING, CI THE-YEAR CHORAL AND INST	REACHING APPROXIMATELY 7,700 RING THE SCHOOL DAY CURRICULI KILLS AND AN UNDERSTANDING OF D-OF-THE YEAR EXHIBITS PRESENT REATIVE MOVEMENT, INSTRUMENTS FRUMENTAL MUSIC PERFORMANCES ARTICIPATE IN AFTERSCHOOL ART (	STUDENTS FROM SAN MATEO JM MEETS STATE STANDARDS THE LANGUAGE OF ART WHILE THOUSANDS OF PIECES OF AR , MUSIC APPRECIATION, AND GLET CHILDREN SHARE WHAT
4b	(Code	) (Expenses \$	938,507	including grants of \$	98,392 ) (Revenue \$	842,093 )
	taught by a distinguished Hall FREE COMMUNITY ( ARTIST TALKS FEATURIN	d, international faculty of 51 DUTREACH PROGRAMS INCL IG WORLD-RENOWNED ARTI G-ON ARTS ACTIVITIES, INFO	on 27 instrumen UDE THE POPULA ISTS IN ADDITIO	nts The School also offers a AR STANFORD LIVELY ARTS ON, CSMA PARTICIPATES IN	igital studio and master classes for a wide variety of concerts and lecture INFORMANCE, FACULTY SERIES, VIS A NUMBER OF COMMUNITY OUTREA EXHIBITIONS AT LOCAL FAIRS AND	in the 200-plus seat Tateuch SUAL ARTS EXHIBITIONS, AND ACH EVENTS ANNUALLY
4a	(Code	) (Expenses \$	2,214,231	ıncludıng grants of \$	144,496 ) (Revenue \$	1,767,355)
4	Section 501(c)(3) an	•	ons and section	on 4947(a)(1) trusts a	largest program services by e re required to report the amou ervice reported	•
	If "Yes," describe the	se changes on Schedu	le O			
3	Did the organization of services?	cease conducting, or m	ake significan	nt changes in how it coi		└ Yes └ No
	•	se new services on Scl				
2	Did the organization the prior Form 990 or		nt program se	ervices during the year	which were not listed on	Yes ✓ No

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, 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.			
	◆ 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 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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	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? <i>If</i> "Yes," complete Schedule F, Part I	14b		Νο
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 U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23		Νo
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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 Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νo
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		No
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		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	(====)	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	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 reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<del>l</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

230 SAN ANTONIO CIRCLE MOUNTAIN VIEW, CA 94040

(650) 917-6800

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 22			
ь	Enter the number of voting members that are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of windows website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the SUSAN MCINNIS	ie orga	nızatıor	h <b>-</b>

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Highest compensated employee Key employee Officer Institutional Trustee or clirector		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See add'l data										

Forr	n 990 (2009)			Page <b>8</b>
1b	Total	0		9,615
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			
_			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			(2000)
			orm <b>990</b>	1(2009

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated camp	paigns 1a					
	ь	Membership du	es					
	С	Fundraising eve	ents <b>1c</b>	50,996				
	d	Related organiz	ations 1d					
<u>"</u>	e	Government grants	s (contributions) <b>1e</b>	103,249				
<u></u>	f	All other contribution	ons, gifts, grants, and <b>1f</b>	708,745		}		ļ
至		sımılar amounts no	t included above					
≝ <del>ट</del>	g	Noncash contri 76 Iines 1a-1f \$	butions included in 5,970					
<u> </u>	h	Total. Add lines		▶	862,990			
				Business Code				
Program Service Revenue	2a	TUITION AND CONT	TRACTS	611,600	3,204,219	3,204,219		
e Ke	ь	CONCERT HALL RE	VENUE	532,000	39,786	39,786		
ar EE		GALLERY & PERFOR		611,710	19,570	19,570		
ξ	d	STEERING TENTO		011,710	15,570	13,370		
38								
E	e							
Ş	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	32a-2f		3,263,575			
	3	Investment inc	ome (including dividend	ls, interest				
			aramounts)	-	12,619			12,619
	4	Income from inves	tment of tax-exempt bond p					
	5	Royalties						
	_		(ı) Real 40,395	(II) Personal				
	6a	Gross Rents Less rental	28,103					
	b	expenses	·					
	С	Rental income or (loss)	12,292					
	d	Net rental incor	me or (loss)	•	12,292		12,292	
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	11,948	40,557				
		assets other than inventory						
	ь	Less cost or	15,069	42,083				
		other basis and sales expenses						
	С	Gain or (loss)	-3,121	-1,526				
	d	Net gain or (los	s)	►	-4,647			-4,647
Other Revenue	8a	Ψ	uding .996 reported on line 1c)					
<u>.</u>			а	98,631				
<u>۽</u>	ь		penses <b>b</b> [	92,785				
0	С		loss) from fundraising e	vents 🟲	5,846			5,846
	9a	Gross income fi See Part IV, lin	rom gaming activities					
			a a	7,700				
	ь	Less direct exp	penses <b>b</b>	448				
	с	Net income or (	loss) from gaming activ	rities	7,252			7,252
	10a	Gross sales of i						
		returns and allo						
			a					
	b		oods sold <b>b</b> [ loss) from sales of inve	ntory -				
	С	Miscellaneous	· ·	Business Code				
	11a	Miscendicode	, Kevende	Business code				
	ь				+	+		
	С	A.II						
	d	All other revenu	L					
	e	Total. Add lines	3 11a-11d	🕨				
	12	Total revenue	See Instructions	. ▶		+		
		. J. J. I STORIGE			4,159,927	3,263,575	12,292	21,070

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
_	Il other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	259,947	259,947		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	130,711	28,756	56,206	45,749
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,754,001	2,351,745	237,101	165,155
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	209,344	155,351	40,742	13,251
10	Payroll taxes	211,083	176,267	20,400	14,416
11	Fees for services (non-employees)				·
а	Management				
ь	Legal	525		525	_
С	Accounting	38,220		38,220	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	11,548		11,548	
g	Other	93,029	52,752	<del>                                     </del>	9,780
12	Advertising and promotion	58,012	6,197	43,341	8,474
13	Office expenses	188,080	,	<del>                                     </del>	9,474
14	Information technology	188,080	133,300	23,100	3,474
15	Royalties				
	·	220 554	262 505	(2.005	2.074
16	Occupancy	329,554	262,595	63,885	3,074
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	219,596	203,475	13,353	2,768
23	Insurance	24,446	21,553	2,699	194
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	MISCELLANEOUS EXPENSE	11,748	8,385	1,588	1,775
b	TRAINING	2,974	1,233	1,716	25
С	Income tax	137		137	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,542,955	3,681,762	587,058	274,135
26	Joint costs. Check here ► ☐ If following SOP 98-2	.,512,555	5,501,702	337,033	2. 1,133
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		_			

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			225,938	1	3,002
	2	Savings and temporary cash investments			813,147	2	983,178
	3	Pledges and grants receivable, net			958,641	3	873,083
	4	Accounts receivable, net			68,861	4	11,412
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			64,761	9	76,913
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	12,827,962			
	ь	Less accumulated depreciation	10b	1,527,437	11,509,852	10c	11,300,525
	11	Investments—publicly traded securities	726,231	11	886,669		
	12	Investments—other securities See Part IV, line 11	59,616	12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,250	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,429,297	16	14,134,782		
	17	Accounts payable and accrued expenses .			101,322	17	109,445
	18	Grants payable				18	
	19	Deferred revenue	erred revenue				
	20	Tax-exempt bond liabilities					
<u> ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L			1,300,000	22	1,300,000
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			4,018	25	0
	26	Total liabilities. Add lines 17 through 25			1,750,837	26	1,743,356
es		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	let e li	ines 27			
ğ	27	Unrestricted net assets			10,522,478	27	10,337,323
<u>원</u>	28	Temporarily restricted net assets			1,413,942		1,302,063
Fund Balance	29	Permanently restricted net assets			742,040		752,040
Ę		Organizations that do not follow SFAS 117, check here ▶ ☐ an	d com	plete	,		· · · · · · · · · · · · · · · · · · ·
0.F		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			12,678,460	33	12,391,426
~	34	Total liabilities and net assets/fund balances			14,429,297	34	14,134,782
					i		

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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?	3a		No
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		

Form **990** (2009)

# OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

COMMUNITY SCHOOL OF MUSIC & ARTS

Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

Employer identification number

23-7023900

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II ) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

check this box

h

following persons?

Yes

11g(i)

11g(ii)

11g(iii)

No

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE D (Form 990)

Department of the Treasury

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization COMMUNITY SCHOOL OF MUSIC & ARTS 23-7023900 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, 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 importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d 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 taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- Ъ

(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

**►** \$

**b** Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

3	Using the organization's accession and othe						-				(continuea
,	items (check all that apply)	r records, check any	, 01 (11	e 101	lowing	tiiat ai	e a signific	ant u	se of its come	CIOII	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
b	Scholarly research		e	$\Gamma$	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	the	y furth	erthe	organızatıor	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofart	, hıs	torıcal	treası	ures or othe	rsım	nılar		
	assets to be sold to raise funds rather than t									Yes	
Par	Part IV, line 9, or reported an ar						anızatıon a	insw	ered "Yes" t	o Form	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?			for c	ontribi	utions	or other ass	etsı	not	┌ Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	le				Г		A	mount	
с	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year						ŀ	1e			
f	Ending balance						ŀ	1f			
2a	Did the organization include an amount on Fo	orm 990 Dart V line	217				L		<u> </u>	┌ Yes	No
			= 21,							1 165	, 140
	If "Yes," explain the arrangement in Part XI\  rt V Endowment Funds. Complete		ans	Wer	2d "Ye	s" to	Form 990	Par	t IV line 10		
ГЧ	Endownient i unus. complete	(a)Current Year		Prior '			o Years Back		Three Years Back		r Years Back
1a	Beginning of year balance	751,615									
Ь	Contributions	10,000									
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	761,615									
2	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨	1 300 %									
ь	Permanent endowment • 98 700 %										
С	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	are hel	d and a	admınıstere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations			•				•		a(i)	No
	(ii) related organizations							•	· · · -	(ii)	No
_										3b	
	If "Yes" to 3a(II), are the related organization							-			
4	Describe in Part XIV the intended uses of th	e organization's end	lowme	nt fu	ınds			10		I	
4		e organization's end	lowme	nt fu ee F	orm 9	990, P	art X, line				
4	Describe in Part XIV the intended uses of th	e organization's end	lowme	ent fue ee F	ınds	990, Pother		ther	(c) Depreciation	n (d)	Book value
4 Par	t VI Investments—Land, Building	e organization's end	lowme	ent fue ee F	orm 9 Cost or s (inves	990, Pother	art X, line	ther er)	(c) Depreciation	n (d)	Book value
4 Par	Describe in Part XIV the intended uses of the trivial	e organization's end	lowme	ent fue ee F	orm 9 Cost or s (inves	990, Pother tment)	art X, line (b)Cost or o	ther er) 1,967	(c) Depreciation		
Par	Describe in Part XIV the intended uses of the table of	e organization's end	lowme	ent fue ee F	orm 9 Cost or s (inves	990, Pother tment)	art X, line (b)Cost or o basis (othe	ther er) 1,967			1,707,09
Par  la b c	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  Land	e organization's end	lowme	ent fue ee F	orm 9 Cost or s (inves	990, Pother tment)	art X, line (b)Cost or o basis (other 1,194	ther er) 1,967	1,245,5	38	1,707,09
1a   b   c   d   e	Describe in Part XIV the intended uses of the ITVI Investments—Land, Building:  Description of investment  Land	e organization's end s, and Equipme	nt. S	ee F	orm S Cost or S (inves	990, P other tment)	art X, line (b)Cost or or obasis (other 1,194 10,558	ther er) 1,967 3,288	1,245,5	38	1,707,09 9,312,75

(a) Description of security or category	<b>(b)</b> Book value	(c) Method	l of valuation
(including name of security)	(b)book value	Cost or end-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se		<u> </u>	
			l of valuation
(a) Description of investment type	( <b>b)</b> Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) 🕨			
Part IX Other Assets. See Form 990, Part X, I  (a) Descr			( <b>b)</b> Book value
(a) Descri	iption		(b) book value
<b>「otal.</b> (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
		1	
		1	
		1	
		1	
		-	
		_	
		_	
	1	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	<u> </u>		

1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5 Investment expenses 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	4,159,927 4,542,955 -383,028 95,994 -95,994 -287,034 4,272,476
3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	-383,028 95,994 95,994 -287,034
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	95,994 -287,034
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	95,994
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	-287,034
7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	-287,034
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	-287,034
9 Total adjustments (net) Add lines 4 - 8  10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	-287,034
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	-287,034
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	, 
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	4,272,476
statements	4,272,476
A mounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	124,097
3 Subtract line 2e from line 1	4,148,379
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 11,548	
b Other (Describe in Part XIV)	
c Add lines <b>4a</b> and <b>4b</b>	11,548
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5	4,159,927
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	4,559,510
A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	28,103
3 Subtract line 2e from line 1	4,531,407
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
<b>b</b> Other (Describe in Part XIV)	
c Add lines 4a and 4b	11,548
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	4,542,955
Part XIV Supplemental Information	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Board designated endowment fund was established for the purpose of generating earnings for general operating costs including faculty professional development. General Endowment Fund - a permanently restricted net asset for which the principal value of \$409,550 was stipulated by the donors to be invested in perpetuity, with the earnings available for general operations. Student Financial Aid Endowment Fund - a permanently restricted net asset for which the principal value of \$342,490 was stipulated by the donors to be invested in perpetuity, with the earnings available for student financial aid.
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective July 1, 2009 the School implemented the new accounting requirements associated with uncertainty in income taxes. Accordingly, the School shall initially recognize the financial statement effects of a tax position when it is morelikely-than-not, based on the technical merits, that the position will be sustained upon examination. It also provides guidance for derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. The School believes that it has appropriate support for any tax positions, and as such, does not have any uncertain tax positions that are material to the financial statements.
Part XII, Line 2d - Other Adjustments		Rental property expense 28103
Part XIII, Line 2d - Other Adjustments		rental property expense 28103
Part XIII, Line 4b - Other Adjustments		INVESTMENT MANAGEMENT FEE 11548

**Employer identification number** 

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY SCHOOL OF MUSIC & ARTS

# **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

23-7023900 YES NO 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? Yes 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? Yes 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 3 Yes CSMA publishes a catalog twice a year with class offerings. The non-discrimination policy is included in the catalog The School also lists non-discrimination policy 1) on website under policies, and 2) on the back of all registration forms Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Νo b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Students volunteer their ethnicity on the student questionnaire and the school captures the data. The school does not require students, staff or faculty to provide ethnicity Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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 Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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 Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493348001190

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number COMMUNITY SCHOOL OF MUSIC & ARTS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1  2009 Gala - YOUNG AT ART	(b) Event #2  PARTY4ALL (event type)	(c) O ther Events (total number)	(Add co	otal Eve I <b>(a)</b> th ol <b>(c)</b> )	
ds			(event type)	,,	(cotal namber)			
HELE	1	Gross receipts	138,91	1 10,716			14	9,627
Revenue	2	Less Charitable contributions	50,996	5			5	0,996
	3	Gross income (line 1 minus line 2)	87,91!	10,716			9	8,631
	4	Cash prizes						
မှာ	5	Non-cash prizes	32,32	652			3	2,977
Expenses	6	Rent/facility costs	500					500
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	47,894	11,414			5	9,308
	10	Direct expense summary Add lin	nes 4 through 9 ın columr	ı(d)			9	2,785
	11	Net income summary Combine Ii	nes 3, column d, and line	10				5,846
Par	t III	Gaming. Complete if the oil \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )	_
_	1 (	Gross revenue				1		
<u> </u>	2 (	Cash prizes						
benses	3	Non-cash prizes				1		
<u>ភ</u> ប	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	┌ Yes% ┌ No	│ Yes% │ No			
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7				
9 a	Is th	er the state(s) in which the organiza the organization licensed to operate			·	. 9a	Yes	No
b	If"N	No," Explain						
10a b		e any of the organization's gaming 'es," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a	1	
11	——Does	s the organization operate gaming	activities with nonmembe	ers?				
12	Is th	he organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity			
	.01111	.ca to administer charitable gallilli				12		1

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

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

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

OMB No 1545-0047

DLN: 93493348001190

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

COMMUNITY SCHOOL OF MUSIC & ARTS

**Employer identification number** 

Commonator School of Mosle WARIS					23-7023900	
Part I General Information on Grant	s and Assistance				•	
<ul> <li>Does the organization maintain records to sulthe selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ul>	or assistance?				•	√ Yes
Part II Grants and Other Assistance to Form 990, Part IV, line 21 for any Part IV and Schedule I-1 (Form 9	recipient that receive	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 In keeping with the CSMA mission of accessibility and our commitment to "Arts for Alli", CSMA provides tuition assistance for children studying at CSMA CSMA requests a written application including recent tax returns from each family applying for reduced fees. Using the family income as reflected on the tax form and the number of dependents, CSMA determines eligibility and the amount of award based on Santa Clara County income guidelines for free school lunches and health care. The percentage of tuition assistance provided by CSMA ranges from 20% to 50% based on levels of income and numbers of dependents.

Software ID: Software Version:

**EIN:** 23-7023900

Name: COMMUNITY SCHOOL OF MUSIC & ARTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Financial aid-onsite private lessons	210	104,435			
financial aid - onsite classes and after school clubs	117	12,912			
school subsidies - AIA (Costano)	425	40,247			
school subsidies - MIA (Bayshore)	750	8,764			
School Subsidies - MIA (EPAA)	120	881			
Mountain view whisman AIA & MIA	5297	35,820			
ındıvıdual & program Subsidies - merit scholarships	44	23,360			
ındıvıdual & program Subsıdıes - Art scholarships	23	5,300			
EvenStart & HeadStart - Preschool	160	28,228			

DLN: 93493348001190

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Transactions with Interested Persons** ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization COMMUNITY SCHOOL OF MUSIC & ARTS						E	Employer identification number					
							3-70239					
Pa	rt I Excess Benefit Tr											
	Complete if the organiz	ation answered "	'Yes" on Form 990, P	art IV, line 25a o	r 25b, c	r Form	990-EZ,	Part V , I				
1	(a) Name of dis	squalified person		<b>(b)</b> Desci	rıptıon d	of trans	action			orrected		
									Yes	. No		
_												
2	2 Enter the amount of tax imposection 4958	osed on the orga	nization managers or	disqualified perso	ns duri	ng the y	ear unde •	r - ⊄				
2	B Enter the amount of tax, If a	ny on line 2 abo	vo roumbureed by th					, t				
,	Enter the amount of tax, if a	ily, oil lille 2, abo	ve, reminduised by the	e organization .				→				
Pa	art III Loans to and/o	From Intere	ested Persons.									
	Complete ıf the orga	nızatıon answere	d "Yes" on Form 990	, Part IV, line 26,	or Forn	n 990-l	EZ, Part V	', line 38	3 a			
		(b) Loan to				_	(f)					
a)	Name of interested person and		(c)O riginal	(d)Palamaa dua	( <b>e</b> ) defau		Appro by boa		<b>(g)</b> Wri agreem			
	purpose	organization?	principal amount	(d)Balance due	uelac	111.	commit		agreem	ent.		
		To From			Yes	No	Yes	No	Yes	No		
ΗE	ROGERS FAMILY TRUST											
urc	chase of land	Х	1,700,000	1,300,000		Νo	Yes		Yes			
			<b>.</b> .	4 200 200	ı		1		1			
ota			<b>P</b> \$	1,300,000								
'a r	rt IIII Grants or Assist Complete if the or				lına 2	7						
	Complete ii tile or		<b>b)</b> Relationship betwe			7.						
	(a) Name of interested pe	rson	and the ord		5011	<b>(c)</b> A n	nount of g	rant or t	ype of ass	ıstance		
			•	,								
	Parties Toronto		in a Tabana at 1 f	<b>\</b>								

#### Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

**NonCash Contributions** 

Open to Public Inspection

Name of the organization COMMUNITY SCHOOL OF MUSIC & ARTS

**Employer identification number** 

23-7023900

Pa	rt I Types of Property				23-7023900
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	7		AUCTION VALUE
	Art—Historical treasures .		·		
	Art—Fractional Interests				
4	Books and publications				
	Clothing and household				
	goods	X		585	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .	Х	6	30,750	FMV
10	Securities—Closely held stock $\ .$				
11	Securities—Partnership, LLC, or trust interests				
	Securities—Miscellaneous				
13	Q ualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—Other				
	Collectibles				
	Food inventory	X	4	327	COST
	Drugs and medical supplies .				
	Taxidermy				
	Historical artifacts				
	Scientific specimens				
24	Archeological artifacts				
25	musical Other ► ( <u>instrument</u> )	×	11	9 350	  Estim by MUSIC DIRECTOR
	Computer			5,200	estim using TECHSOUP nonprofit
26	Other ► ( equipment )	Х	1	1,264	software pricing
	ART				
27	Other ► ( <u>SUPPLIES</u> )	X	1	2,000	ESTIM BY ART DIRECTOR
	VACATION/SPORTS PACKAGES FOR				
28	Other ► ( <u>AUCTION</u> )	X	11	26,300	FMV
	WINE FOR Other ► ( <u>AUCTION</u> )	x	5	3,150	FMV
	GIFT Other►(CERTIFICATES)	×	11	1,019	EMV
29	Number of Forms 8283 received for which the organization compl	l by the org	anızatıon durıng the tax yea	ar for contributions	29
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	Yes No
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used
	for exempt purposes for the entire	re holdıng p	eriod?		30a No
Ь	If "Yes," describe the arrangeme	ent in Part 1	II		
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions? 31 No
32a	Does the organization hire or use contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash 32a No
b	If "Yes," describe in Part II				323 110
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493348001190

**SCHEDULE 0** 

(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.

2009

Open to Public

Inspection

	F Attuch to Form 550.		
Name of the organizat	on	Employer identific	ation number
COMMUNITY SCHOOL OF MU	ISIC & ARTS		
		23-7023900	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		For the Fiscal year 2009-2010 reporting, the Finance Committee reviewed the Form 990 in detail. The Board will receive a copy prior to submission
Form 990, Part VI, Section B, line 12c		The Board has implemented conflict of interest annual disclosure statements. The Executive Committee reviewed the Policy to consider the level of compliance with the Policy, the continuing suitability of the Policy, and whether the Policy should be modified and improved
Form 990, Part VI, Section B, line 15		The Executive Committee of the Board met and reviewed data from the Compensation & Benefits Survey for Northern California produced by the Center for Nonprofit Management for both the Executive Director and Associate Director positions comparing compensation for organizations with similar sized budgets
Form 990, Part VI, Section C, line 19		These documents are available to the public upon request. In addition, the form 990 are available on the organization's wiebsite
FORM 990 PAGE 1, PART I, LINE 5	NUMBER OF EMPLOYEES	AT ANY ONE TIME, CSMA EMPLOYES UP TO 160 EMPLOYEES, DUE TO THE SEASONALITIY OF CLASSES AND CLASS OFFERINGS, THE TOTAL NUMBER OF EMPLOYEES FOR THE YEAR WAS 227

DLN: 93493348001190

OMB No 1545-0172

**Depreciation and Amortization** (Including Information on Listed Property)

Sequence No 67

Department of the Treasury See separate instructions.
Attach to your tax return. Internal Revenue Service

erriar Neverlue Service							
ame(s) shown on return OMMUNITY SCHOOL OF MUSIC & ARTS		Business or activity to which this form relates	Iden	Identifying number			
		Form 990 Page 10	23-7	0239	00		
	Part I Election To Expense Certain Property Under Section 179  Note: If you have any listed property, complete Part V before you complete Part I.						
1 Maximum amount S	See the instructions for a high	er limit for certain businesses		1	250,000		
2 Total cost of sectio	n 179 property placed in serv	vice (see instructions)		2			
3 Threshold cost of se	ection 179 property before re	duction in limitation (see instructions)	_	3	800.000		

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

6			
<b>7</b> Listed property Enter the amount from line 29		7	
8 Total elected cost of section 179 property Add amounts in column	(c), lines 6 and 7		 8
9 Tentative deduction Enter the smaller of line 5 or line 8			 9

9 Tentative deduction Enter the smaller of line 5 or line 8	. 9	
LO Carryover of disallowed deduction from line 13 of your 2008 Form 4562	. 10	
Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 · · · ·	12	

13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . 13

4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . .

5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.								
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed p	ropert	y ) (See instructions )						
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14							
<b>15</b> Property subject to section 168(f)(1) election	15							
46 Other depresenting (including ACRC)	16	224 827						

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

Section A					
17 MACRS deductions for assets placed in service in tax years beginning before 2009	•			17	Ĺ

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . .

Section B-Ass	ets Placed in	Service During 20	08 Tax Year	Using the Ger	neral Depreci	ation System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g)Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7 - year property						
<b>d</b> 10-year property					<u> </u>	
<b>e</b> 15-year property						
<b>f</b> 20-year property					·	
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental			27 5 yrs	MM	S/L	
property			27 5 yrs	MM	S/L	
i Nonresıdentıal real			39 yrs	MM	S/L	
property				мм	S/I	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System											
20a Class life					S/L						
<b>b</b> 12-year			12 yrs		S/L						
<b>c</b> 40-year			40 yrs	ММ	S/L						

**Summary** (see instructions)

21 Listed property Enter amount from line 28			21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), a and on the appropriate lines of your return Partnerships and S corporations—see instr			22	224,827
23 For assets shown above and placed in service during the current year, enter the	23			

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	<b>(f)</b> Recove period		(g) Method/ onvention		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlessin	%   %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
<b>30</b> Total business/inv	estment m	ıles driven diirina	the	(;	(b) (c					d)	(6	-		f)		
year ( <b>do not</b> includ		-		Vehicle 1 Veh			hicle 2 Vehic			le 3	Vehi	cle 4	Vehi	ıcle 5 Vehi		cle 6
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)	<u> </u>			I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

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DLN: 93493348001190

OMB No 1545-0172

**Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates **Identifying number** COMMUNITY SCHOOL OF MUSIC & ARTS 250 SAN ANTONIO 23-7023900 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election . . . . . . . . 15 **16** Other depreciation (including ACRS) 16 5.231 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L 39 yrs S/L i Nonresidential real property S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 5,231 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	<b>(f)</b> Recove period		(g) Method/ onvention		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlessin	%   %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
<b>30</b> Total business/inv	estment m	ıles driven diirina	the	(;	(b) (c					d)	(6	-		f)		
year ( <b>do not</b> includ		-		Vehicle 1 Veh			hicle 2 Vehic			le 3	Vehi	cle 4	Vehi	ıcle 5 Vehi		cle 6
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

# Software ID: Software Version:

**EIN:** 23-7023900

Name: COMMUNITY SCHOOL OF MUSIC & ARTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Indebend	ient C	onti	racı	ors	5				
(A) Name and Title	(B) Average hours per		tion ( that a	che	)		Ī	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
CLAUDIA WEBER Board Chair	5 00	Х		Х				0	0	0
LAMAR BUNTS CFO of the board	5 00	×		Х				0	0	0
YVONNE NEVENS SECRETARY	5 00	X		Х				0	0	0
Kathy Thibodeaux VICE CHAIR	5 00	Х		X				0	0	0
Lynn Szekely-Goode board member	1 00	X						0	0	0
JAN FENWICK board member	1 00	X						0	0	0
ROBERT REAY Board member	1 00	X						0	0	0
KATHLEEN CHRISTMAN Board member	1 00	X						0	0	0
Nobuko Saito Cleary Board member	1 00	X						0	0	0
John Conover Board member	1 00	X						0	0	0
MIKE COUCH PASt chair	1 00	X						0	0	0
YF YUAN Board member	1 00	X						0	0	0
Peter Landsberger Board member	1 00	Х						0	0	0
Kathleen martinelli Board member	1 00	Χ						0	0	0
JOHN J MILLER JR Board member	1 00	X						0	0	0
MARK RICKEY Board member	1 00	Χ						0	0	0
RUTH ROGERS Board member	1 00	X						0	0	0
JEFFREY YOAKUM Board member	1 00	X						0	0	0
DAVID SACARELOS BOARD MEMBER	1 00	X						0	0	0
JIM SANDSTROM BOARD MEMber	1 00	X						0	0	0
ERIC WINDES BOARD MEMBER	1 00	X						0	0	0
JEANNE CARUSO BOARD MEMBER	1 00	X						0	0	0
JEFFRY WALKER EXecutive Director	40 00			Х				116,794	0	9,615