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Form 990-EZ

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

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

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30), 2010
В	Check if C. Name of organization	oyer identification number
	applicable i l'icaco i	oyer identification number
<u></u>		
<u></u>		5-0163413
	Initial return See Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep	phone number
	Termin- Specific 255 WEST END AVENUE 41	L5-485-6946
	Characteristics of the second	p Exemption
<u> </u>	Teturn Annication	iber >
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting me	
	Schedule A (Form 990 or 990-EZ) Other (specify)	
		if the organization is no t
		Schedule B (Form 990, 990-EZ, or 990-PF)
K	Check 🕨 🚅 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more th	nan \$25,000. A Form 990-EZ or
	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L /	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	→ \$ 78,787.
	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions f	for Part L)
نت	1 Contributions, gifts, grants, and similar amounts received	76.050
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 1,850.
	4 Investment income	4 87.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less: cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
Φ	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	
Revenue	a Gross revenue (not including \$ of contributions	
ě	, <u> </u>	
Œ	reported on line 1) 6a	
	b Less: direct expenses other than fundraising expenses	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances 7a	
	b Less: cost of goods sold 7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 78,787.
	10 Grants and similar amounts paid (attach schedule) STMTOB	50.00
	101 00 004 1()	
enses	12 Salaries, other compensation, and employee benefits	12
ë	Professional fees and other payments to independent contractors OGDEN, UT	13 12,725.
Š.	14 Occupancy, rent, utilities, and maintenance	14
₩.	15 Printing, publications, postage, and shipping	15
2011 Expe	16 Other expenses (describe ► SEE STATEMENT 1)	16 2,771.
•••	17 Total expenses. Add lines 10 through 16	78,376.
1.0	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 411.
-ts	19 Net assets or fund balances at beginning of year (from line 27, column (A))	
SS.	(must agree with end-of-year figure reported on prior year's return)	10 22 001
₹		19 23,881.
٦ž	Other changes in net assets or fund balances (attach explanation)	20
Ш-	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 24,292.
$\mathbf{Z} \mathbf{P}$	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990	-EZ.
4	(See the instructions for Part II.) (A) Beginning of year	(B) End of year
SCANNED MARRIE &	Cash, savings, and investments10,979.	16,075.
ഗ് ₂₃		23
24		60,900.
25	· · · · · · · · · · · · · · · · · · ·	
26		<u> </u>
27 932	474	
02-0	10-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2009)

Form **990-EZ** (2009)

	n 990-PZ (2009) NATIONAL STRING PROJECT C			<u> </u>	<u>U1634</u>	13 Page 2
	art III Statement of Program Service Accomplishmen		Part III.)		1	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	<u>' 5</u>				r section 501(c)(3)) organizations and
	scribe what was achieved in carrying out the organization's exempt pur	-		be		7(a)(1) trusts, optional
_	services provided, the number of persons benefited, and other relevan				for others)	 .
28	EDUCATIONAL PURPOSE OF STRINGED INS			<u>G</u> _		
	THE CRITICAL SHORTAGE OF STRING PRO	JECTS AROUND	THE		1 1	
	COUNTRY.			_		
	(Grants \$ 62,880.) If this amount includes foreign of	rants, check here	<u> </u>		28a	<u>10,330.</u>
29						
	(Grants \$) If this amount includes foreign of	grants, check here .	<u> </u>	·	29a	
30						
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>		30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>		31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	10,330.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	See the	Instructions	for Part IV)
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
	(-)	position	-0)		eferred	other allowances
_			-	com	pensation	
<u>D</u> F	AVID LUSTERMAN, 255 WEST END	BOARD CHAIR				
<u> </u>	VENUE, SAN RAFAEL, CA 94901	5.00	0.		0.	0.
\mathbf{RC}	BERT JESSELSON, 813 ASSEMBLY	EXECUTIVE DIR				
<u>S1</u>	REET, COLUMBIA, SC 29208	5.00	0.		0.	0.
D <i>P</i>	ANIEL MASON, 105 FINE ARTS	TREASURER				1
ΒŪ	JILDING, LEXINGTON, KY 405060022	5.00	0.		0.	0.
	AMES PRYZGOCKI, DEPT 3037 1000 E.	SECRETARY				
<u>UI</u>	NIVERSITY AVE, LARAMIE, WY 82071	5.00	0.		0.	0.
NE	EIL LILIEN, R S BERKELEY, PO BOX	DIRECTOR				
71	L5, SCOTCH PLAINS, NJ 07076	5.00	0.		0.	0.
	RUCE WOOD, TEXAS TECH UNIV. SCHOOL	DIRECTOR				
	F MUSIC BOX 42033, LUBBOCK, TX	5.00	0.		0.	0.
	CHAEL PALUMBO, WEBER STATE	DIRECTOR		ļ		
	NIVERSITY, 1905 UNIVERSITY CIRCLE	5.00	0.		0.	0.
	JDY WEIGART BOSSUAT, CSUC SCHOOL OF	DIRECTOR				
	JSIC 6000 J ST, SACRAMENTO, CA	5.00	0.		0.	0.
	DRIANA LA ROSA RANSOM, CAMPUS BOX	DIRECTOR				_
<u>56</u>	60, ILL STATE UNIVERSITY, NORMAL,	5.00	0.		0.	0.
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932	170		<u> </u>			<u> </u>
932 02-0	172 08-10				Form	990-EZ (2009)

•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1		
	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	i		
_	in a prior year and still outstanding at the end of the period covered by this return?	38a	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 See a secretary problem of the Contribution	┨	İ	
	Gross receipts, included on line 9, for public use of club facilities Section FOM(x)(2) accounts to 5 Technological Control of the second of	1		
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \(\bigcolumn{2}{0.} ; section 4912 \(\bigcolumn{2}{0.} ; section 4955 \(\bigcolumn{2}{0.}) \) Section \(\bigcolumn{2}{0.} ; section 4955 \(\bigcolumn{2} ; section 4955 \(
U	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
٠	organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e	-	X
41	List the states with which a copy of this return is filed. $ ightharpoonup$	100	1	
	The organization's books are in care of ►ANITA EVANS Telephone no. ► 415 - 48	5-6	946	
	Located at ► 255 WEST END AVENUE, SAN RAFAEL, CA ZIP+4 ► 9			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
				T
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	-	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	<u> </u>	X
		Form 9	990-EZ	(2009)

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rnrm	4411-P7	(2009)

NATIONAL STRING PROJECT CONSORTIUM

26-0163413

Page 4

Par	t VI,	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51					
46	Did the	organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	;	Ye	
(office? I	If "Yes," complete Schedule C, Part I				46	X X X
47 I	Did the	organization engage in lobbying activities? If "Yes," complete Sch	nedule C, Part II			47	X_
48	is the o	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s," complete Schedule E			48	_ X
49a	Did the	organization make any transfers to an exempt non-charitable related	organization?			49a	X_
		was the related organization a section 527 organization?				49b	
		te this table for the organization's five highest compensated employe 00,000 of compensation from the organization. If there is none, ente	•	s, trustees and key e		,	d more
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans 8 deferred compensation	(e) Ex accou other all	pense nt and owances
					_		
51	Comple	umber of other employees paid over \$100,000 te this table for the organization's five highest compensated indepenation. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		ived more than \$100		ation from	
d	Total nu	umber of other independent contractors each receiving over \$100,00	10	>			
	Τ.	Under penalties of perjury, I declare that I have examined the form, manualing a correct, and complete. Declaration of preparer (other than officer was assed on all	ccompanying schedules and stateme information of which preparer has any	nts, and to the best of r v knowledge	ny knowledge and be	elief, it is true	
Sign Here		Signature of officer X David A. Lusterman Type or print name and title			Date OZIII	.u	
Paid Prepa	rer's	Preparer's signature PETER M. CRAIG, C.P.	1	eck if self-	parer's identifying n	umber (See II	nstr)
Use 0	nly 📙	DAM CHEDWAN C ODATO I	02/03/11	EIN			
		Firm's name (or yours BAY SHERMAN & CRAIG, I self-employed). 11845 W. OLYMPIC BLVD.			ne >		
		iddress, and ZIP+4 LOS ANGELES, CA 90064	, πυ α υ	no.	(310)	177	1400
May		discuss this return with the preparer shown above? See instructions				<u>4 / / -</u> X Yes	1400 No
ividy (ופ וחט (uiscuss uns return with the preparet Shown doover see itisti uctions		.		<u>A. Yes</u> -orm 990-l	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

			L STRING PRO						26	-0163	413	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:) See inst	tructions.				
he orgai	nization is not a	a private foundation	because it is (For lines	through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🔲			ital service organization		n section	170(b)(1)	Αχiii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's name	∍.
	city, and stat		•					(-)(-)(-)(-	,,			,
5	•		benefit of a college or ui	niversity ov	vned or or	perated by	a governr	mental uni	t describe	d in		
• —		(b)(1)(A)(iv). (Compl				, o. a. o. a. j	a govonn	noma am	. 00001100	u		
6 🗀			ent or governmental uni	t doooriba	d 15	- 470/b\/	WAW.					
7 🗔								6				
,		-	eives a substantial part	oi its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	nbea in	1
• 🗀		(b)(1)(A)(vi). (Comple		(01-1-	D- 4 II \							
8 🖳			section 170(b)(1)(A)(vi).						_	_	_	
9 LX			eives: (1) more than 33							-		
		•	nctions - subject to certa	•		•			• •	•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	ecquired b	y the orga	inization a	fter June 3	0, 197	5.
		509(a)(2). (Complete	•									
10		·	perated exclusively to te	•	•			•				
11 🗀			perated exclusively for the							-		r
			ations described in secti				?) See sec	ction 509(a)(3). Che	ck the box	that	
			organization and compl		-							
	a Type		- ••		e III - Func	-	•			Type III - (
e 📖			at the organization is not									1
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check ti	his box									
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (ııı) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?	٠						11g(ii)		
	(iii) A 35% (controlled entity of a	a person described in (i) e	or (ii) above	97					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
												
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization			(vi) ls		(vii) An	nount of	
org	ionizotion				sted in your			organization (i) organiz	ed in the		port	
			above or IRC section	governing	document?	(i) of you	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
						_						
						l				_		
							<u> </u>					
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Form 990 or 990-EZ.

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

	edule A (Form 990 or 990-EZ) 2009	Övenningting	. Dagarihad is	Castiana 470	(h)(d)(A)(i,d)	d 470/5\/4\/A\/.	Page 2
Fe	Support Schedule for (Complete only if you checked				(b)(1)(A)(IV) an	a 170(b)(1)(A)(V	(1)
500	ction A. Public Support	The box on line :	5, 7, 01 6 01 Part 1)				
			T #10000		1 , , , , , , ,	4 > 0000	40 T . I
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
'	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ- ization'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		1				
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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support		T		,	· 	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated business			 	 	-	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)	<u> </u>	•	12	•
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2009 (I	ine 6, column (f) o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Par	t II, line 14			15	%
16a	33 1/3% support test - 2009, If the o	_			14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		•				. ▶□
k	33 1/3% support test - 2008. If the o	_			l line 15 is 33 1/3%	or more, check th	is box
4-	and stop here. The organization qual	• •			- 40 40- 40'		▶□
178	10% -facts-and-circumstances test						
	and if the organization meets the "fact			•	•	art iv now the orgai	ilzation 🛌 🥅
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	-	•		_	17a and line 15 in	▶ □ □

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

32,333	Je Jersonski rojs	37 6 AAO, 047
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth	h tax year as a section 501(c)(3) c	rganization,
check this box and stop here		
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	76.48 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.44 %
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)	7)) 17	.41 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.56 %
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and li	line 15 is more than 33 1/3%, and	l line 17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly	y supported organization	▶ X

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
OFFICE AND GENERAL TRAVEL FUNDRAISING EXPENSE			374. 803. 1,594.
TOTAL TO FORM 990-EZ, LINE 16			2,771.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE ACCRUED EXPENSES		67,550. 2,201.	52,350. 333.
TOTAL TO FORM 990-EZ, LINE 26		69,751.	52,683.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CREATING & SUSTAINING STRING INSTRUMENT BAYLOR UNIVERSITY ONE BEAR PLACE WACO, TX 76798	NONE	4,250.
CREATING & SUSTAINING STRING INSTRUMENT CENTRAL WASHINGTON UNIVERSITY 400 E. UNIVERSITY WAY ELLENSBURG, WA 98926	NONE	4,250.
CREATING & SUSTAINING STRING INSTRUMENT VIRGINIA TECH UNIVERSITY 242 C SQUIRES 0240 BLACKSBURG, VA 24601	NONE	4,250.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF NEW HAMPSHIRE PCAC 30 COLLEGE ROAD DURHAM, NH 03824	NONE	4,250.
CREATING & SUSTAINING STRING INSTRUMENT WAYNE STATE UNIVERSITY 1321 OLD MAIN DETROIT, MI 48202	NONE	6,650.
CREATING & SUSTAINING STRING INSTRUMENT EAST CAROLINA STATE UNIVERSITY FLETCHER MUSIC CENTER GREENVILLE, NC 27858	NONE	6,650.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF NEBRASKA - KEARNEY 2506 12TH AVENUE KEARNEY, NE 68849	NONE	6,650.
CREATING & SUSTAINING STRING INSTRUMENT JAMES MADISON UNIVERSITY MSC #7301 HARRISONBURG, VA 22807	NONE	4,250.
CREATING & SUSTAINING STRING INSTRUMENT CLEVELAND STATE UNIVERSITY 2121 EUCLID AVENUE CLEVELAND, OH 441152214	NONE	6,650.

NATIONAL STRING PROJECT CON	SORTIUM		26-0163413
CREATING & SUSTAINING STRING ITHACA COLLEGE 3322 WHALEN CENTER ITHACA, NY 14850	INSTRUMENT	NONE	500.
CREATING & SUSTAINING STRING CALIFORINA STATE UNIVERSITY - 6000 J STREET SACRAMENTO, CA 95819		NONE	1,000.
CREATING & SUSTAINING STRING CRANE SCHOOL OF MUSIC 44 PIERREPONT AVENUE POTSDAM, NY 13676	INSTRUMENT	NONE	1,000.
CREATING & SUSTAINING STRING ILLINOIS STATE UNIVERSITY CAMPUS BOX 5660 NORMAL, IL 61790	INSTRUMENT	NONE	1,000.
CREATING & SUSTAINING STRING LAWRENCE UNIVERSITY PO BOX 599 APPLETON, WI 54912	INSTRUMENT	NONE	780.
CREATING & SUSTAINING STRING MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509	INSTRUMENT	NONE	550.
CREATING & SUSTAINING STRING TEXAS TECH UNIVERSITY PO BOX 42033 LUBBOCK, TX 79409	INSTRUMENT	NONE	1,000.
CREATING & SUSTAINING STRING UNIVERSITY OF GEORGIA 250 RIVER ROAD ATHENS, GA 30602	INSTRUMENT	NONE	1,000.
CREATING & SUSTAINING STRING VALDOSTA STATE UNIVERSITY 1500 N. PATTERSON ST VALDOSTA, GA 31698	INSTRUMENT	NONE	1,000.
CREATING & SUSTAINING STRING UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVENUE LARAMIE, WY 82071	INSTRUMENT	NONE	1,000.

NATIONAL STRING PROJECT CONSORTIUM		26-0163413
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF MASSACHUSETTS 35 WILDER STREET LOWELL, MA 01854	NONE	1,000.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF NORTH TEXAS PO BOX 311367 DENTON, TX 762031367	NONE	400.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF OKLAHOMA 500 W BOYD NORMAN, OK 730192071	NONE	1,000.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF SOUTH CAROLINA 813 ASSEMBLY STREET COLUMBIA, SC 29208	NONE	800.
CREATING & SUSTAINING STRING INSTRUMENT WEBER STATE UNIVERSITY 5463 S 125 E OGDEN, UT 844081905	NONE	1,000.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF TEXAS - AUSTIN 1 UNIVERSITY STATION AUSTIN, TX 78712	NONE	1,000.
CREATING & SUSTAINING STRING INSTRUMENT UNIVERSITY OF TEXAS - SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		62,880.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	4
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL PRACT?	[] YES [X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES [X]	NO

990-EZ PG 2

STATEMENT

5

EDUCATIONAL PURPOSE OF STRINGED INSTRUMENTS AND ADDRESSING THE CRITICAL SHORTAGE OF STRING TEACHERS IN THE UNITED STATES.

Form#8868

(Rev April-2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

•	are filing for an Automatic 3-Month Extension, complete only Part I and check this box	► X	
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do not c	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed Form 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit onginal (no copies needed).		
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
art I on	•	▶ □	
VI other	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of time	
	come tax returns.	G.K.G.K.G.F. G.F. M.F.G.	
noted be not auto ou mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the work of the composite of the form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or context to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional assolidated Form 990-T, Instead.	
Type or	Name of Exempt Organization	Employer identification number	
orint	NATIONAL STRING PROJECT CONSORTIUM	26-0163413	
ile by the lue date fo	Number street and some proute no If a D O have see antiquitions		
titing your 255 WEST END AVENUE			
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN RAFAEL, CA 94901-2655		
Check t	ype of return to be filed(file a separate application for each return).		
F0 X F0	rm 990	27 69	
	ANITA EVANS		
	ooks are in the care of > 255 WEST END AVENUE - SAN RAFAEL, CA 94	901	
	hone No. ▶ 415-485-6946 FAX No. ▶		
	organization does not have an office or place of business in the United States, check this box	▶	
oox ►	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi		
00X -	In it is for part of the group, check this box		
1 lre	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt $FEBRUARY_15$, 2011 , to file the exempt organization return for the organization named a		
1\$	for the organization's return for		
>	calendar year or		
>	X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010	·	
2 ft	this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period	
3a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nrefundable credits. See instructions.	3a \$	
	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	x payments made. Include any prior year overpayment allowed as a credit.	3b \$	
_	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	1 1	
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	⊢	
Se	ee instructions	3c \$ N/A	
Caution	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.