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# Form **990**

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

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

2009

Open to Publi

OMB No 1545-0047

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		nue Service		<u></u>	y have to use a copy							ection
<u>A</u> _	For the			year, or tax year				nd endin	g Ju	ne 30	, 20 10	ation number
_		ippiioubic I	Please use IRS		on Hudson High S	chool Music	ASSO	ciation		1		
	Address	change	label or	Doing Business As		second to other and and of		Room/su	4.0	34 E Telepho		41888
$\sqcup$	Name ch	nange	print or type	· ·	r PO box if mail is not deliv	ered to street add	ress)	Hoom/su				
	Initial ret		See Specific	118 W. Streetsl					105	( 330 )	65	6-0603
	Terminat	ted	Instruc- tions	I	or country, and ZIP + 4							
	Amende	d return		Hudson, Ohio						G Gross re		204,216
Ш	Applicatio	on pending			ncipal officer Linda	Shanks/Liz	Carey					⊒Yes ☑No
				residents) same						all affiliates i		
<u></u>		empt status	<b>√</b> ] 5	501(c) ( <b>3</b> ) <b>◄</b> (insert	no) 4947(a)(1) or	<u></u> 527			-	No," attach a	•	structions)
<u>J</u>		te: ► n/a	7 -	. 🗀 🗀 -	. Па: :	<del></del>	1			exemption nur		
				oration Trust As	sociation ☐ Other ►		L Year	of formati	on <b>2005</b>	M State of	legal domi	DIE OH
	art I	Summa							4 4 1			
				the organization	s mission or most	significant a	ctivities	Supp	ort the Mus	ыс рерап	ment at i	Huason
e	-	High School										
auc	-											
Activities & Governance	-											
Š					n discontinued its operat			than 25%	of its net ass			
ಹ				-	e governing body (					. 3		11
ies	4 1	Number o	of inde	pendent voting n	nembers of the gov	erning body	(Part V	/I, line 1b	0)	. 4		11
₹	5	Total num	iber of	f employees (Par	: V, line 2a)					5		0
Ä	6	Total num	iber of	f volunteers (estir	nate if necessary)					6		100
					evenue from Part VI			12		7a		0
	<u>b</u>	Net unrela	ated b	usiness taxable ii	ncome from Form 9	90-1, line 34	1.	<del></del>		. 7b		0
Φ								-	Prior Y		Curre	ent Year
	8 (	Contributi	ons a	nd grants (Part V	III, line 1h)					165,597		204,166
Revenue	9 1	Program s	service	e revenue (Part V	III, line 2g)					0		0
Ě	10 1				umn (A), lines 3, 4,			-		5,878		50
_	111 (				(A), lines 5, 6d, 8c,			.a. }		0		0
	1				11 (must equal Par			9 12 )		171,475		204,216
					(Part IX, column (A			.  -		3,340		3,675
'n	14				(Part IX, column (A					0		
Expenses	15	Salaries, o	therco	ompensation, emp	loyee benefits (Part I	X, column (A)	i, lines 5	5-10)		0		0
per	16a	Profession	nal fun	ndraising fees (Par	t IX, column (A),  line	11e)	-			0		0
ũ		Total fund	raising	g expenses (Part I)	(, column (D), line 25	<b>》▶뭐</b> 된	CEN	VED!				
					(A), lines 11a-11d,				S	201,877		215,823
	18	Total expe	enses	Add lines 13-17	(must equal Part I)	X plumn_(A	), line 2	25)	10	205,217		219,498
		Revenue le	ess ex	penses Subtract	ine 18 from line 12	X  LED	.O.8		0	-33,742		-15,283
Net Assets or									Bégirining of (		Ena	of Year
SSe	20			art X, line 16).		· OG	DEN		<u>'= </u>	220,358		202,506
et A	21	Total liabi	ılıtıes (	(Part X, line 26)				, 0		0		0 000 500
					btract line 21 from	line 20	-			220,358		202,506
Ľ	art II			Block					ulas and state	monto and t	a tha haat a	f mu knowlada
		and belief	naities o √it is tr	it perjury, i deciare tha ue, correct, and comp	t I have examined this ret lete Declaration of prepa	arer (other than	officer) is	based on	all information	n of which pro	eparer has a	any knowledge
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Si	_		70/20	officer os Havens	<del></del>				lDa			7
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		Preparer's	•				Date	se	lf-	Preparer's in see instruct	dentifying nu tions)	mper
Pai	d	signature	•					em	nployed 🕨 🗀	'  `	•	
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Par	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission. Support Music Department at Hudson High School	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	_ 103 _ 100
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services l	oy expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	it of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
12	(Code ) (Expenses \$ 186,218 including grants of \$ ) (Revenue \$	204.216 )
44	Provide financial and parental supervision support to the Hudson High School Bands, Choirs, and Orc	chestras.
	Over 500 students participate and over 150,000 people attend various performances each school year	
46	(Code: ) (Expenses \$ 3,675 including grants of \$ ) (Revenue \$	
4D	Scholarship awards based on merit	
	Scholarship awards based on ment	
	(Code: ) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
70	(Codd:) (Exponess + melaaning grants of +) (notesting +	/
	Oliver to the Company Original Is O.)	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ► 189,893	

Par	Checklist of Required Schedules			
			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_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<b>-</b>
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		<b>√</b>
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_		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		✓
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		<b>√</b>
14a		14a		✓
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 "Yes," complete Schedule F, Part I</i>	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
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		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
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	_	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23_	-	<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25.	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
	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		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		<b>∀</b>
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		<b>√</b>
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		1
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<del></del>	✓
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		✓
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		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>✓</b>	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	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?	1c	<b>√</b>	
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 2a 0	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<b>√</b>
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		1
b	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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		
6a	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		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or		i	
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
_	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> 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		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>-</b>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
	Enter the number of voting members that are independent			
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
		4		<u></u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		7
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		1
6	Does the organization have members or stockholders?	-6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7-		1
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			i
	The governing body?	_8a		
b	Each committee with authority to act on behalf of the governing body?	_8b_	✓	
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	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>-</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>√</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a		<b>7</b>
		15b		1
D	Other officers or key employees of the organization			<u> </u>
46-	·			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	l	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	with a taxable entity during the year?	iva	-	_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	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?	46h		الــــــ ا
500	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed >			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ▶ Douglas Hauenstein, 265 E. Streetsboro Street, Hudson, Ohio 44236			

# Part VII 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co		any o	curr			cer, d	irec			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Nancy Szymanski/Linda Shanks Co-Presidents	10			1				0	0	0
Doug Hauenstein Vice-President - Fundraising	10			1				0	0	0
Denise VanAvermaete/Kathy Zartman/ Luann Burnham - Vice-Presidents - Band	10			1				0	0	0
Lynn Mazur/Tracey Shepard Vice-Presidents - Choir	10			1				0	0	0
Leslie Collins Vice-President - Orchestra	10			1				0	0	0
Joe Sharkey Treasurer	10			1				0	0	0
Michelle Enlow Secretary	10			1				o	0	0
	-									
	-									
	-									
	•									

Pa	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensated	d Employees (co	ontinued)	
(A)		(B)			((	C)			(D)	(E)	(F)	
	Name and title	Average hours per week		·	Officer	Key	that ap	ply) Former	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
			Individual trustee or director	Institutional trustee	er	employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
										. <u>-</u>		
										_		
1b	Total					٠.		<b></b>	0	0		0
2	Total number of individuals (including but r		to the	ose	liste	ed a	above	) wl	no received mo	ore than \$100,0	00 in	
	reportable compensation from the organiza	ation ►									Yes N	
	Dalaties and the second										Tes IV	10
3	Did the organization list any <b>former</b> office employee on line 1a? If "Yes," complete S							oye	e, or nignest c	ompensated	3 v	/
4	For any individual listed on line 1a, is the s							and	d other compe	nsation from		
	the organization and related organizations											7
5	individual Did any person listed on line 1a receive				eati			anv		anization for	4	_
	services rendered to the organization? If "	Yes," comp	olete	Sch	edu	le J	for s	uch	person		5 \	/
	ction B. Independent Contractors									<del></del>		
1	Complete this table for your five highest compensation from the organization.	ompensate 	d ind	epe	nde	ent d	contra	acto	rs that receive	d more than \$1	00,000 of	
	Name and business add	Iress							(B) Description of s	ervices	(C) Compensation	
_	<u> </u>				_			-				_
									<del></del>	<del></del>		
								L	1 1 2 2			
2	Total number of independent contractors (in more than \$100,000 in compensation from					to	those	liste	ed above) who	received		

Pari	VIII	Statement of Revenue			- :		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a			·		
gra		Membership dues 1b					
is, (		Fundraising events 1c	204,166				
ar Far		Related organizations   1d					
S, Ë		Government grants (contributions). 1e					
er S	1	All other contributions, gifts, grants,					
둳흊		and similar amounts not included above 1f					
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines 1a-1f \$					į
	h	Total. Add lines 1a-1f	. ▶	204,166			
Ę		L-	Business Code	- <del></del>	·	<del></del>	
evel	2a						
ě	b						
چ	C				<del> </del>		
တ္တ	d						
ram	e	All other property control to					
Program Service Revenue	T	All other program service revenue	•				1
	3	Investment income (including dividends, other similar amounts)  Income from investment of tax-exempt bond	interest, and	50	50	0	0
	5	Royalties	<b>•</b>				
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
		Rental income or (loss)					
	d	(	▶				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses .					
	1 .	Gain or (loss)	•				
•	d	` '					
evenue	8a	Gross income from fundraising events (not including \$					
Other Re		See Part IV, line 18 a					
þer	Ь	Less: direct expenses b					
₹		Net income or (loss) from fundraising ever	ents.				
	9a	Gross income from gaming activities. See Part IV, line 19 a					
		Less direct expenses b					!
	С	Net income or (loss) from gaming activiti	es 🕨		-		
	10a	Gross sales of inventory, less					
		returns and allowances a _					
	b	Less cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inventor	<del></del>				
	-		Business Code				<u> </u>
	1						
	b						<del> </del>
	C					_	<del> </del>
	1	All other revenue L					
		Total. Add lines 11a–11d  Total revenue. See instructions	· 💍	204,216	50	0	0
	112	i otal i caciline. Oce ilipitantinii	–	204,210	30		<u> </u>

#### Part IX Statement of Functional Expenses

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

regarizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete coi	umm (A) but are no	equired to com	piete columns (b),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,675	3,675		
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				
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		'		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	<u></u>			
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		· · · · · · · · · · · · · · · · · · ·		
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other				
12	Advertising and promotion	_			
13	Office expenses	59,135	59,135	0	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	<del></del>			
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance	-			
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	Band Camp Expense	62,509	62,509		
b	Uniform Expense	15,475	15,475		
c	Music Equipment	9,652			
d	Fruit Sale	40,298		_	20,149
e	Parade of Bands	13,826			6,913
f	All other expenses	14,928			2,543
25	Total functional expenses. Add lines 1 through 24f	219,498	189,893		29,605
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	44,220	1	29,314
	2	Savings and temporary cash investments	176,138	2	173,192
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	·
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	- <del></del>		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
şţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or 10a			
		other basis Complete Part VI of Schedule D		}	<del></del>
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	200.250	15	202 502
	16	Total assets. Add lines 1 through 15 (must equal line 34)	220,358		202,506
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		19 20	
(A)	20	Tax-exempt bond liabilities		21	
ţį	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del>-</del> -	21	
藚	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
		· · · · · · · · · · · · · · · · · · ·		23	
	23 24	Secured mortgages and notes payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
or Fund Balanc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
길		Organizations that do not follow SFAS 117, check here ▶ □			
<u>_</u>		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	220,358	30	202,506
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		_31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	220,358		202,506
_	34	Total liabilities and net assets/fund balances	220,358	34	202,506

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

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name	Name of the organization Employer identification number						ition number				
Huc	Hudson High School Music Association						34	34 1241888			
Pai	t I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	ee instru	ctions.
1 2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3 4	☐ 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:										
5			tion operated for <b>(b)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ge or uni	iversity o	wned or	operated	by a gov	ernmenta	l unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unıt	describe	d in <b>sec</b> t	ion 170(l	b)(1)(A)(v	·).	
7				/ receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	ı governm	nental un	it or from	the general public
8 9		An organizat receipts from support from	nion that normally activities related gross investm	d in section 170(b)(1) y receives: (1) more the ed to its exempt func- ent income and unre i after June 30, 1975	an 33⅓ % tions−su lated bu	of its subject to siness ta	pport fro certain e xable inc	xceptions come (les	s, and (2) s sectior	no more	than 331/3 % of its
10 11 e	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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</li> <li>a ☐ Type I</li> <li>b ☐ Type III c ☐ Type III—Functionally integrated</li> <li>d ☐ Type III—Other</li> <li>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</li> </ul>						(a)(2). See section rough 11h  Type III-Other more disqualified				
f g	organization, check this box					Ill supporting					
		and (III) b	pelow, the governmember of a pe	r indirectly controls, ending body of the supports in (i) a reson described in (i) a	ported or above?	ganızatıo	n? . 				11g(i) 11g(ii)
			•	of a person described		. ,					11g(iii)
h(i)		of supported anization	(II) EIN	ation about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	anization organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
					Yes	No	Yes	No	Yes	No	

Par	(Complete only if you check					and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			j	_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<del></del>	
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)						
6	Public support. Subtract line 5 from line 4		1				<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2003	(6) 2000	(6) 2007	(4) 2000	(6) 2003	(i) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .		<u> </u>			1	
12	Gross receipts from related activities, etc	•	,			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re			i, or fifth tax y	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	entage			T 1	
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci					15	<u></u>
16a	331/4 % support test — 2009. If the organiand stop here. The organization qualifies				line 14 is 33/3 ·	% or more, che	eck this box
b	33½ % support test—2008. If the organization quality box and stop here. The organization quality				and line 15 is	331/3 % or more	, check this . ► □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the org	acts-and-circu	mstances" test,	check this box	and <b>stop here</b>	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circurances" test. The	mstances" test, e e organization qu	check this box a alifies as a public	and <b>stop here</b> . cly supported or	Explain in Part rganization	IV how the . ▶ □

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<del></del>	(Complete only if you checke	ed the box of	iline 9 of Pa	rt 1.)			
	tion A. Public Support	( ) 0005	(1) 0000	4 ) 0007	4.0.000		
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	318,833	199,002	219,162	165,597	204,166	1,106,760
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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge .	0.40.000	400.000		107.707		
6	Total. Add lines 1 through 5	318,833	199,002	219,162	165,597	204,166	1,106,760
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year .						0
8 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)						1,106,760
Sec	tion B. Total Support		l				1,100,100
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	318,833	199,002	219,162	165,597	204,166	1,106,760
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,615	7,076	5,014	5,878	50	21,633
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,615	7,076	5,014	5,878	50	21,633
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 IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)				;	_	1,128,393
14	First five years. If the Form 990 is for organization, check this box and stop		n's first, secon	•	, or fifth tax y		n 501(c)(3) ▶ 🔽
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column (t	(f)	15	%
16	Public support percentage from 2008 S			<u> </u>		16	%
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage				
17	Investment income percentage for 200	<b>9</b> (line 10c, col	umn (f) dıvıded	l by line 13, co	lumn (f)) .	17	%_
18	Investment income percentage from 20					18	%_
19a	331/3 % support tests – 2009. If the organization of the support tests – 2009, if the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the organization of the support tests – 2009. If the support tests –						
b	331/3 % support tests – 2008. If the organ line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	ructions 🕨 🔲

chedule A (Form 990 or 990-EZ) 2009 Page <b>4</b>					
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12	part to provide the Provide any other	e explanations required radditional information.	by Part II, line 10; See instructions.
	-				
	••••••				
			·		
			• • • • • • • • • • • • • • • • • • • •		
			•••••		
•					
	·		·		
		•••••		·····	

#### **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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization Hudson High School Music Association						Employer identification number  34 1241888		
Eundroising Astivitis		f the orga	nization a	answered "Yes" t				
Part I Form 990-EZ filers ar								
Indicate whether the organization     a Mail solicitations     b Internet and email solicitation     c Phone solicitations     d In-person solicitations  2a Did the organization have a written	ons en or oral agree	e f g ment with a	Solicitati Solicitati Special f	on of non-government on of government fundraising events	nent grants grants rs, directors, truste	es		
or key employees listed in Form  b If "Yes," list the ten highest pa to be compensated at least \$5,	id individuals or	entities (fi		•	_			
(i) Name of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
		-						
		-						
		_ <del>L</del>	l					
Total	· ·		, ▶					
3 List all states in which the orga registration or licensing	nızatıon is regis	stered or li	censed to	solicit funds or h	as been notified i	t is exempt from		

Pá	irt I	more than \$15,000 on F									
			(a) Event #1 Year round	(b) Event #2	(c) Other events	(d) Total events (add col (a) through					
a)			(event type)	(event type)	(total number)	col (c))					
Revenue	1	Gross receipts	204,216			204,216					
<u>—</u>	2	Less Charitable contributions									
	3	Gross income (line 1		-							
		minus line 2)	204,216,			204,216					
	4	Cash prizes									
	5	Noncash prizes									
sesu	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
Direct	8	Entertainment									
	9	Other direct expenses	219,498	_		219,498					
	10	Direct expense summary. Ad				( 219,498)					
D:	11  rt	Net income summary. Comb  Barring. Complete if the state of the state			000 Part IV line 10	or reported more					
		than \$15,000 on Form		vered res to roini	550, 1 art 14, mic 15,	, or reported more					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
- Rev	1	Gross revenue .									
nses	2	Cash prizes									
Expe	3	Noncash prizes .									
Direct Expenses	4	Rent/facility costs									
	5	Other direct expenses .									
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No						
	7	Direct expense summary Ac	ld lines 2 through 5 in c	olumn (d)	•	()					
	8	Net gaming income summar	y Combine line 1, colur	nn d, and line 7	<u> </u>						
						Yes No					
9		nter the state(s) in which the o				9a					
e h		the organization licensed to o "No," explain:	perate gaming activitie	s in each of these state	es?	<del>9a</del>					
•											
		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
		ere any of the organization's ( "Yes," explain	gaming licenses revoke	a, suspenaea or termir	nated during the tax yea	ar?   10a					
•					•••••						
11 12		pes the organization operate of the organization a grantor, be			a partnership or other	entity 11					
-		rmed to administer charitable				12					

Page	3

			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	15a		
ь	revenue?	100		
~	amount of gaming revenue retained by the third party • \$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address •			
				'
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Calling manager componenting in a second control of the second con			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions.			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			
	or spent in the organization's own exempt activities during the tax year > \$	L	l	

Schedule G (Form 990 or 990-EZ) 2009

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

## **Supplemental Information to Form 990**

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990.

Hudson High School Music Association	34	!	1241888
Form 990; Part VI; line 11A - Financial documents and Form 990 are reviewed by the VP -	Fundra	ising aft	er the end of
each fiscal year.			
Form 990; Part VI; line 15 - note that no persons within the organization are compensated	ļ		
Form 990; Part VI; line 19 - All documents, policies, and financal statements are available	to the	public u	oon request.
	·•••		
			•••••
	•••••		

Schedule O (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
Hudson High School Music Association	34 1241888
•••••	
	•
······································	••