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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Denartment of the Treasury

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 Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 12/28/2009 and ending 6/30/2010 Please Check if applicable C -Name of organization Arlington Music Enrichment Program D Employer identification number use IRS Address change Doing Business As 80-0630058 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 1805 Winewood Lane Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Amended return 76013 G Gross receipts \$ Arlington TX tions Application pending Name and address of principal officer Y H(a) Is this a group return for affiliates? Thomas Rinn 7001 Silo Road, Arlington, TX 76002 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c) ( 3) **◄** (insert no) 4947(a)(1) or 527 J Website ► N/A H(c) Group exemption number ▶ X K Form of organization Corporation Trust Association Other > L Year of formation 2009 M State of legal domicile TX Part Briefly describe the organization's mission or most significant activities: The primary goal is to improve the musical education experience for all students enrolled the Band, Choir and Orchestra programs in the Arilington Independent School District. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 0 5 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 20 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0 7a 7b 0 Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 0 Contributions and grants (Part VIII, line 1h). 8 Revenue 32,395 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 32,395 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee peneris (Pa/ttx), column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX column (A), line 11e) 0 Total fundraising expenses (Part 1200 blumn (D), line 25) Other expenses (Part IX, column (A) lines 11/a-015, 12/11/24f) 26,651 17 Total expenses. Add lines 13–17 (must equal Part IX, column line 25) 26,651 Revenue less expenses. Subtract ine 18 from 19 5,744 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 51,606 57,508 21 Total liabilities (Part X, line 26) 159 317 51,447 Net assets or fund balances Subtract line 21 from line 20 57,191 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Preparer's Check if Preparer's identifying number signature (see instructions) self-Paid **▶** X 10/29/2010 employed Preparer's Firm's name (or yours Robert L. Walsh, Jr CPA EIN **Use Only** 

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

May the IRS discuss this return with the preparer shown above? (see instructions).

1805 Winewood, Arlington, TX 76013

if self-employed),

address, and ZIP + 4

Form 990

X Yes

Phone no

▶ (817) 226-3434

26,651

Total program service expenses ▶

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   1	Part	IV Checklist of Required Schedules			
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 II 4 Section 591(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 591(c)(4), 591(c)(5), and 591(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy lax? If "Yes," complete Schedule C, Part III 5 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 II 6 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 III 7 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 V 7 Did the organization report an amount for investments—organization from the International Conference of the Schedule D, Part V 8 Did the organization report an amount for investments—organization services of the Schedule D, Part V 9 Did the organization report an amount for investments—organization services in Part X, line 10: Part VIII 9 Did the organization report an amount for investments—organization services of the Part X, line 10: Part VIII 9 Did the organization report an amount for organization of the storagination organization or				Yes	No
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
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			18		X
If "Yes," complete Schedule G, Part III	19			<u> </u>	
			19	1	X
	20				

Par	t V 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			
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	$\vdash$	X
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		х
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		Х
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	X
С	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	_	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
<b>2</b> 5a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
~	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		Х
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		X
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	i – Àr	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	· · >,@	(2. i	,
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204	<u> </u>	<u> </u>
b	Schedule L, Part IV	28b		X
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,		ŀ	
	Part IV .	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		
22	Part I	31	┼	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		Ť
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		x
20		1 31	$\dagger$	<del>  ^</del>
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	x	
	10; Note. All Form 300 lifers are required to complete confedure 0			

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance			
1.	Enter the number reported in Boy 2 of Form 1006. Annual Summers and Transmittal of		Yes	No
ıa	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	U.S. Information Returns Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	<sub>x</sub>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	-^-	
20	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note.</b> 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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Х
4a	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		Х
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	ļ		
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		X
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		Х
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?	<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		X
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	7a		Х
h	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\frac{\hat{x}}{x}$
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-10		
·	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
ĥ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	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		X
9	Sponsoring organizations maintaining donor advised funds.			١
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0		1	
11	Section 501(c)(12) organizations. Enter		1	
a	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 )		1	
12-	against amounts due or received from them )	12a	ł	×
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>—</b>	<del> </del>	^
U	in 100, onto the amount of tax-exempt interest received of accided during the feat.     120	4		1

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	<u>i</u>		
b	Enter the number of voting members that are independent	<u>i</u>	:	
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	L	X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
L	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<del> </del>	^-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	<del>  ^</del>	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-00	_	^
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		*	. ,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	ļ	ļ
13	Does the organization have a written whistleblower policy?	13	ļ	X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by		l	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	├	X
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) .		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
_	with a taxable entity during the year?	16a	<del>                                     </del>	X
Ь	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ļ	1
	the organization's exempt status with respect to such arrangements?	16b	-	X
Sect	tion C. Disclosure	1.00	٠	<u> </u>
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(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.	• •		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	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 records of	he		
	organization: ► Robert L Walsh (817) 226-3	434		
	1805 Winewood Lane, Arlington, TX 76013			

# 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 compensate any current officer, director, or trustee. (A) (B) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated hours per 으 Officer compensation compensation amount of Highest compensated employee Individual Institutional trustee Key employee week from from related other compensation the organizations (W-2/1099-MISC) from the organization (W-2/1099-MISC) organization trustee and related organizations Gordon Hart Director 1 Х 0 Thomas Rinn Х Chairman 1 0 0 Lında Keefer Director Х 1 0 0 Jennifer Hay Х 0 0 Secretary 1 Jocelyn Epley 1 Х 0 0 Vice Chairman Michele Harvick Х nl O Director

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, and	j Hiç	ghes	t Co	mpensated Em	ployees (con	tınue	d)	
	(A)	(B)	(C) Position (check all that a						(D)	(E)		(F)	
	Name and title	Average hours per week	ndividual trustee or director		(chec Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS		Estima amoun othe compens from torganiza	nt of er sation the
			rustee	al trustee		yee	Highest compensated employee		(***2**********************************			and rela	ated
					1								
												. <u>-</u>	
										!			
1b	Total							<b>•</b>	0		0		0
2	Total number of individuals (including but no reportable compensation from the organization)		se lis	ted a	abov 0	e) w	ho re	ceiv	ed more than \$1	00,000 in			
	-									F		Yes	No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If</i> "Yes," complete Sc					yee	, or h	nghe	est compensated		3		X
4	For any individual listed on line 1a, is the su the organization and related organizations (	•		•					•				
5	undividual Did any person listed on line 1a receive or a		eation	n froi	m an	w un	rolat	ad a		·	4		X
	services rendered to the organization? If "Y									<u>.                                 </u>	5		X
	ction B. Independent Contractors  Complete this table for your five highest con	mnoncotod indo	2000	lont.	oonti	cooto	ro th	ot ro	sound more the	\$100,000 a			
1	compensation from the organization.	mpensated inde	репо	ent	CONI	acio	) S (I)	ıat re		in \$100,000 c			
	(A) Name and business a	address							(B) Description of ser	vices	Comp	(C) ensation	
								ļ					0
		<u></u>						-					
-								1			—		<u> </u>
		·						1					C
2	Total number of independent contractors (in more than \$100,000 in compensation from	_		ed to	tho	se lis	sted :		e) who received	<u>-</u> .			

Par	t 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
ts	1a	Federated campaigns 1	a 0				
Contributions, gifts, grants and other similar amounts	b	Membership dues . 1	<b>b</b> 0				
s, g	С	Fundraising events	С 0				
gift	d	Related organizations	<b>d</b> 0				
S, E	е	-	e 0				
lior r si	f	All other contributions, gifts, grants, and					
the the			lf 0				
Contributions, and other simi	g	Noncash contributions included in lines 1a-1f. \$	0				
SE	h	Total. Add lines 1a–1f		0			
			Business Code				
/eu	2a	Fundraising events		18,050	17,209		
Ş.	b	Contributions		14,345	14,345		
/ice	С			0			
Sen	d			0			
Program Service Revenue	e			0			
ogra	f	All other program service revenue		0			
٣.	g	Total. Add lines 2a-2f		32,395		- "	
	3	Investment income (including dividends, interest, other similar amounts)		0			
	4	Income from investment of tax-exempt bond proc	•	0			
	5	Royalties	DOGO . ▶	0			
	١	(i) Real	(II) Personal	<u> </u>			
	6a	Gross Rents	1				
	b	Less rental expenses .					
	c	Rental income or (loss)	0 0				
	ď	Net rental income or (loss)	<b>D</b>	0	operany man me to den		
	7a	Gross amount from sales of (i) Securities	(II) Other				
	'	assets other than inventory .	0 0				
	b	Less: cost or other basis					
	~	and sales expenses	0 0				
	С	Gain or (loss)	0 0				
	d	Net gain or (loss)	<b>D</b>	0			
	8a	Gross income from fundraising		, and the second			
Other Revenue		events (not including \$ 0					
Ē		of contributions reported on line 1c).					
è			a 0				
7	ь		<b>b</b> 0		:		
Ĕ		Net income or (loss) from fundraising events .	<b>•</b>	0			
0		Gross income from gaming activities.	[				<u> </u>
	"		a 0				
	ь		<b>b</b> 0				1
	•	Net income or (loss) from gaming activities	• <u> </u>	0			
		Gross sales of inventory, less					
			a 0				
	Ь		<b>b</b> 0	İ			
		Net income or (loss) from sales of inventory	• <u> </u>	о .			
	<u> </u>	Miscellaneous Revenue	Business Code			<del></del>	
	11a			Ó			1
	Ь			0			<del>                                     </del>
	C		<del></del>	0			
	ď	All other revenue		0			1
	_	Total. Add lines 11a–11d		0		<del>-</del>	
	12	Total revenue. See instructions		32,395		0	

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not req	uirea to complete	columns (B), (C), a	nd (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	(D) Fundraising expenses
1	Grants and other assistance to governments and			gonolaronponoco	<u> </u>
•	organizations in the U.S. See Part IV, line 21	ol			
2	Grants and other assistance to individuals in			***	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16.	ام			
4		0		<del></del>	
	Benefits paid to or for members	U			
5	Compensation of current officers, directors,				
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits .	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	o			
b	Legal	0			
С	Accounting	4,840	4,840		
d	Lobbying	0	.,		
e	Professional fundraising services See Part IV, line 17	Ö			
f	Investment management fees	0			<del>_</del>
g	Other	0		•	
12	Advertising and promotion	0			
13		88	88		<del> </del>
	Office expenses .		00		
14	Information technology .	0	_		
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		<del></del>	
20	Interest	0			<del></del>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	<u>_</u>
23	Insurance	0			
24	Other expenses. Itemize expenses not		Į		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	į			
	5% of total expenses shown on line 25 below.)				
а	Fundraising expense	2,226	2,226		
b	Directors meeting	137	137		
C	Financial assistance for music lessons	19,360	19,360		
ď		0	1 - 2 -		
e		0	-		-
f	All other expenses	0			<del></del>
25	Total functional expenses. Add lines 1 through 24f	26,651	26,651	0	
		20,001	20,031		
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				

	art X	Balance Sneet	<del> </del>	(A)	T	(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing.	•	51,606	1	57,508
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net .		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers,	directors, trustees, key			-
		employees, and highest compensated employ Schedule L	yees. Complete Part II of		5	
	6	Receivables from other disqualified persons (	as defined under section	77.7.2		
		4958(f)(1)) and persons described in section	4958(c)(3)(B). Complete	,		
		Part II of Schedule L		and the same of th	6	
sts	7	Notes and loans receivable, net		0	7	0
Assets	8	Inventories for sale or use.			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or	<b>10a</b> 0			
		other basis Complete Part VI of Schedule D				
	b	Less. accumulated depreciation .	<b>10b</b> 0	0	10c	0
	11	Investments—publicly traded securities.		0	11	0
	12	Investments—other securities See Part IV, III		0	12	0
	13	Investments—program-related. See Part IV, I	0	13	0	
	14	Intangible assets .		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must e	qual line 34)	51,606		57,508
	17	Accounts payable and accrued expenses		159	17	317
	18	Grants payable			18	
	19	Deferred revenue		19	<del>,</del>	
<b>,</b> 0	20	Tax-exempt bond liabilities		20		
Liabilities	21	Escrow or custodial account liability. Complet	<del></del>	21	* * * *	
ij	22	Payables to current and former officers, direc				
Ę.		employees, highest compensated employees persons. Complete Part II of Schedule L	, and disquaimed		22	
	23	Secured mortgages and notes payable to unr	elated third parties	0	23	0
	24	Unsecured notes and loans payable to unrela		0	24	0
	25	Other liabilities Complete Part X of Schedule	The state of the s	0	25	0
	26	Total liabilities. Add lines 17 through 25		159		317
		Organizations that follow SFAS 117, check	hara NV and	100		011
S		complete lines 27 through 29, and lines 33				
2			and 54.	EA AA7	27	E7 404
a	27	Unrestricted net assets		51,447	28	57,191
8	28 29	Temporarily restricted net assets  Permanently restricted net assets			29	
Š	29	•	· · · · · · ·		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	', check here▶			
ets	30	Capital stock or trust principal, or current fund	ds		30	
<b>A</b> SS	31	Paid-in or capital surplus, or land, building, or			31	
et/	32	Retained earnings, endowment, accumulated	income, or other funds		32	
Ž	33	Total net assets or fund balances	•	51,447	33	57,191
	34	Total liabilities and net assets/fund balances	<u></u>	51,606	34	57,508

Part	XI Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
•	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	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		X

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

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

20**09** 

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

		Music Enrich	ment Program							80-0	630058		
Pai				narity Status (All org					_	nstructio	ns.		
	orga			ation because it is: (Fo									
1	$\sqsubseteq$	A church, co	nvention of chu	rches, or association of	of churche	es descnb	ed in <b>sec</b>	tion 170(	b)(1)(A)(i	).			
2	$\square$	A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)							
3		A hospital or	r a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4	Ш		esearch organiza ime, city, and sta	ation operated in conju ate:	inction wi	th a hospi	tal descri	bed in <b>se</b>	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		_		r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or op	erated by	a govern	mental u	nit desci	ibed	••••
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	n section	170(b)(	1)(A)(v).				
7		-	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community	y trust described	I in section 170(b)(1)(	( <b>A)(vi)</b> . (C	omplete F	Part II.)						
9	$\overline{\mathbf{x}}$			y receives: (1) more th				om contri	butions, r	nembers	hip fees	and o	ross
	ت	receipts from support from	n activities relate n gross investme	ed to its exempt function and unrelated after June 30, 1975	ons—subj ted busine	ject to cer ess taxabl	tain exce <sub>l</sub> e income	ptions, an (less sec	id (2) no r ition 511 t	nore thar	33 1/3	% of it	
10		An organiza	tion organized a	nd operated exclusive	ly to test	for public	safety. So	ee <b>sectio</b>	n 509(a)(	4).			
11		An organiza	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	rm the fur	nctions of,	or to car	ry out th	e	
			•	blicly supported organ					•			section	on
				at describes the type o					te lines 1				
	_	a Type	_	Type II c		e III-Fund	•	•			ſype III-		
е				y that the organization			-	-	-				
				on managers and othe	r than on	e or more	publicly s	supported	organiza	tions des	cribed in	n sectio	on
			section 509(a)(2	•		100 11 1							
f		-	zation received a i, check this box	a written determination	n from the	RS that	itisaiyp	oe I, Type	II, or Typ	e III supp	orting		
g		•		the organization acce	nted anv	aift or con	 tribution t	from anv	of the			•	_
9		following pe		ino organization abou	prod diriy	9.11 01 001	itribution i		0, 1110				
				or indirectly controls,	either alo	ne or toge	ther with	persons	described	lın (II)	_	Yes	No
				verning body of the su		-	n? .	•		•	11g(i)		
			-	person described in (i	•				•		11g(ii)		
				y of a person describe				•			11g(iii)		
h			T	ation about the suppor				ou notify	l (vii)	ls the	I (viii)	Amount	of
(1)		e of supported janization	(ii) EIN	(described on lines 1–9	1	sted in your		nization in		tion in col	1 ' '	support	
	Org	gariization		above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No	7		
							· · · · · · · · · · · · · · · · · · ·		-				-
								<u> </u>	ļ	-	-		0
													0
													0
		··											0
							•		ļ				0
[ota	1							1					٥

Par	(Complete only if you checked to				1)(A)(IV) and	170(b)(1)(A)	(VI)
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				·		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3.  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)	0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4.		<del> </del>				0
	ion B. Total Support			··			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on			i			0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).				-		0
11	Total support. Add lines 7 through 10		*			40	0
12 13	Gross receipts from related activities, etc. (s  First five years. If the Form 990 is for the organization, check this box and stop here		•	rd, fourth, or fift	h tax year as	12   a section 501(c	)(3) . <b>•</b> [
Sect	ion C. Computation of Public Support	t Percentage					
14 15	Public support percentage for 2009 (line 6, or Public support percentage from 2008 Scheol	dule A, Part II, I	ine 14 .			14 15	0.00%
16a	33 1/3% support test–2009. If the organiza and stop here. The organization qualifies a	s a publicly sur	ported organi	zation .	•		▶ 🗌
b	33 1/3% support test-2008. If the organization and stop here. The organization qualifity foots and singuigations to the control of the contro	es as a publicly	supported or	ganization .	•		. ▶ 🗌
17a b	10%-facts-and-circumstances test–2009. or more, and if the organization meets the "the organization meets the "facts-and-circumstances test–2008. or more, and if the organization meets the "to more,	facts-and-circul mstances" test. If the organiza facts-and-circul	mstances" test The organizat tion did not ch mstances" test	, check this boy ion qualifies as eck a box on lind , check this boy	x and <b>stop he</b> a publicly sup ie 13, 16a, 16l x and <b>stop he</b>	re. Explain in P ported organız o, or 17a, and l re. Explaın in f	art IV how ation ▶ ☐ ine 15 is 10% Part IV how
18	the organization meets the "facts-and-circur Private foundation. If the organization did not ch		_				auon ► [

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 5. . 0 0 0 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 amount on line 13 for the year 0 0 0 0 0 Add lines 7a and 7b . . . . Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 0 0 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 0 ō Û ი Add lines 10a and 10b. Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on . 0 Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV). Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 0.00% Public support percentage from 2008 Schedule A, Part III, line 15 16 0.00% 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 0.00% 17 18 0.00% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or 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

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

	n 990 or 990-EZ) 2009	Arlington Music	Enrichment F	Program			80-0630058	Page 4
Part IV	Supplemental	Information. C	omplete this	part to provid	e the explana	tions required	by Part II, line	10,
	Part II, line 17a	or 17b; and Par	rt III, line 12.	Provide any o	other addition	al information.	See instruction	S.
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# SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047
2009

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

Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Arlington Music Enrichment Program 80-0630058 Form 990 None