

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



Department of the Treasury Internal Revent - Service

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

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010			
В	Check if upplicable	Please use IRS	D Employer identific	cation number		
	Addres	s label or DUCENTY CULNDED MICE COCTEMY ENDOUNCEMEN				
	Name change	type D D A	95-3	474699		
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s				
	Termin ated	Constant	(602			
	Ameno	led tions City or town, state or country, and ZIP + 4	G Gross receipts \$	586,776.		
	Application .	FROENIX, AZ 03007	H(a) Is this a group re	etum		
	pendin	F Name and address of principal officer: JANET GREEN	for affiliates?	Yes X No		
		P.O. BOX 34235, PHOENIX, AZ 85067	H(b) Are all affiliates inc	luded? Yes No		
1]	ах-өхе	empt status: X 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	If "No," attach a	list. (see instructions)		
<u>J \</u>	Nebsit	e: ▶ N/A	H(c) Group exemption			
_			ear of formation: 1979 N	State of legal domicile: AZ		
Pa	art I	Summary				
CANINED WACtivitie\$& G6∜∉rnance	1	Bnefly describe the organization's mission or most significant activities: PROMOTE	CHAMBER MUSIC			
, Lie	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4		
୍ଷ ଓ ରୁ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4		
6	5	Total number of employees (Part V, line 2a)		0		
ୈ	6	Total number of volunteers (estimate if necessary)	6	0		
⋛ৢ৾ঢ়	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	. 7a	0.		
≊_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
			Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)				
35	9	Program service revenue (Part VIII, line 2g)				
و ا	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<158,959.			
Ø	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,968.	59,541.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,009.	86,101.		
		Grants and similar amounts paid (Part IX, colum n (A), lines 1-3)				
		Benefits paid to or for members (Part IX, column (A), Inter CEIVEU		<u> </u>		
8	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Professional fundraising fees (Part IX, column (A) dine 11e)	-			
2	b	181	F0 000	06 101		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 44f-24f)	52,009.	86,101.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) make 50	52,009.	86,101.		
<u>ارې</u>		Revenue less expenses. Subtract line 18 from line 12	0.	0.		
ts o		Total accords (Dark V. Laur 40)	Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	814,089. 464,089.	851,532. 501,532.		
et de la company	21 22	Total liabilities (Part X, line 26)	350,000.	350,000.		
	art II	Net assets or fund balances. Subtract line 21 from line 20	330,000.	330,000.		
<u></u>		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowled	ge and belief, it is true, correct,		
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	edge			
Sig	n	Aant Ehren	14-4-	[]		
He		Signature of officer	Date			
	•	JANET GREEN, EXECUTIVE DIRECTOR				
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·			
		Preparer's Date		er's identifying number		
Paid		signature 03/23/11				
	parer's	Firm's name (or EXERS ROBINSON LTD.	EIN ▶			
U8e	Only	self-employed), 1300 EAST MISSOURI. SUITE C-100				
_		address, and ZIP + 4 PHOENIX, AZ 85014	Phone no. ► 6	02-230-9480		
Ма	y the If	AS discuss this return with the preparer shown above? (see instructions)		X Yes No		
0330	103-02-0	4-10 LHA For Privacy Act and Panerwork Reduction Act Notice see the senarate	instructions	Form 990 (2009)		

	t III Statement o			<u>.C SUCTETT E.</u> ents	NDOMMENT	95-34/46	99 Page Z
1	Briefly describe the org	ganization's mission: PORT TO PHO RGANIZATION	ENIX CHAMBI	R MUSIC SOC	IETY WHICH I VELOPS CHAME		
2	Did the organization ur the prior Form 990 or 9		nt program services d	uring the year which we	ere not listed on		Yes X No
•	If "Yes," describe these	e new services on Sch					Yes X No
3	If "Yes," describe thes	e changes on Schedu	le O.	es in how it conducts, a			JYes LAJ NO
4	Section 501(c)(3) and 5	501(c)(4) organizations	and section 4947(a)	• •	program services by exp o report the amount of g oported		
	SUPPORT THE (C) (3) ORG	PHOENIX CH ANIZATION W	SIC SOCIETY AMBER MUSIC HICH PROMOT	cluding grants of \$ ZENDOWMENT CSOCIETY (PC TES AND DEVE ND RECITALS.	WAS ESTABLIS MS). PCMS I	venue \$ SHED TO H IS A SECT ERSTANDIN	ION 501
4b	(Code:) (Expenses \$	m	cluding grants of \$) (Re	ovenue \$)
				<u> </u>			
4c	(Code:) (Expenses \$	ine	cluding grants of \$) (Re	venue \$)
		 					
4d	Other program service	s. (Describe in Schedu	ule O.)				
40	(Expenses \$ Total program service		ng grants of \$) (Reve	nue \$)	

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable .	11	_X	
•	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		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	١		37
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7.7
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
<u>20</u>	Did the organization operate one or more nospitals (ii Tes, complete ochequie II	20		

Form **990** (2009)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	İ		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		X
b	,	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, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		_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		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		7.5
••	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Way I am the act of a great and a great an	24	x	
35	If "Yes," complete Schedule H, Parts II, III, IV, and V, line 1	34		-
33	MBV- Parameter Oak of the D. D. 1977 and	25		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		Α
50	K IIVaa II aanaalata Ooka dala Oo Oosat V II-a O	20	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for foderal income tay purposes? If "You " complete Schoolule P. Bort VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u>"</u>		
-	Note. All Form 990 filers are required to complete Schedule O.	38	x	
	Total Total State India and Todalina to Complete Contention Co.	- 30		

	•		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			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ŀ	
	filed for the calendar year ending with or within the year covered by this return . 2a 0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		ļ	
3а	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		
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)?	<u>4a</u>		X
þ	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	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?	<u>5c</u>		├
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		
	any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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	7-		x
_	provided to the payor?	<u>7a</u> 7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		├
٠	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		<u> </u>	<u> </u>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	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		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	├
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		Щ	<u> </u>

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			
þ	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_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	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		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		<u> </u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members 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		<u>X</u>
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	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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		<u> X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
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 interest policy, as	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	JANET GREEN, EXECUTIVE DIRECTOR - 602-252-0095			
	5517 NORTH 3RD STREET PHOENIX, AZ 85012			

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 (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average			Pos	itıor			Reportable	Reportable	Estimated	
	hours per week			(all	that ap			compensation from the	compensation from related organizations	amount of other compensation	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
ANN STANTON											
DIRECTOR	1.00	X		_	L	L		0.	0.	0.	
GLENN QUICK	1 00										
DIRECTOR WARREN HARRIS	1.00	X		<u> </u>		├		0.	0.	0.	
DIRECTOR	1.00	Y						0.	0.	0.	
	1.50	1				T	-	•			
		├		\vdash		├	<u> </u>				
				<u> </u>							
				├	-	╁					
				 	-	┢					
		<u> </u>	-			├					
		\vdash	-			一					
				İ							
		ļ	<u> </u>	_		_					
				┢	-	┼-	-				
			\vdash								
		1				1					

\$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ	1 a	Federated campaigns	1a				
and other similar amounts	b	Membership dues	1b				
티	C	Fundraising events	1c				
<u>a</u>		Related organizations	1d				
Ē	е	Government grants (contributions)	1e				
P.	f	All other contributions, gifts, grants, and					
Š		similar amounts not included above	1f				
힏	9	Noncash contributions included in lines 1a-1f \$	<u> </u>				
ē	<u>h</u>	Total, Add lines 1a-1f		<u>.</u>			
			Business Code				
	2 a						
e	b						
Ē	C						<u> </u>
<u>Ş</u>	d						
Revenue	е						
	f	All other program service revenue				. <u> </u>	
\bot	д	Total. Add lines 2a-2f					
		Investment income (including dividend					
		other similar amounts)	▶	30,318.			30,318
	4	Income from investment of tax-exempt	bond proceeds				ļ
	5	Royalties	<u>, .</u>				
		(i) R	eal (ii) Personal				
	6 a	Gross Rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	•				
	7 a	Gross amount from sales of (i) Seci					
		assets other than inventory 496,	917.				
-	b	Less: cost or other basis					
-		and sales expenses 500,	675.				
	C	Gain or (loss)	758.⊳				
		Net gain or (loss) .	<u>. </u>	<3,758.	>		<3,758
	8 a	Gross income from fundraising events including \$ o	·				
2		contributions reported on line 1c). See					
<u> </u>	_	Part IV, line 18					
5		Less: direct expenses	, b				
		Net income or (loss) from fundraising e			 		
	9 a	Gross income from gaming activities S	1				
	_	Part IV, line 19	. a				
		Less: direct expenses	b				
		Net income or (loss) from gaming activ	ties		 		<u> </u>
'	10 a	Gross sales of inventory, less returns					
		and allowances	a				
		Less: cost of goods sold	b				
\vdash	С	Net income or (loss) from sales of inver				_	
\vdash		Miscellaneous Revenue	Business Code				
.	11 a	UNREALIZED GAIN	523000	59,541.	ļ		59,541
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	59,5 41 .			
	12	Total revenue. See instructions.	•	86,101.	0.	0 .	86,101

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

	All other organizations must compl				
	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				
	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	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				<u>-</u>
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				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal L				-
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,140.	7,140.		
g	Other .				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties _				
16	Occupancy .				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	78,961.	78,961.		
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.)				
a					
þ					
C					
d					
е	 +				
f	All other expenses	06 101	06 404		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	86,101.	86,101.	0.	0.
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				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	12,902.	2	6,681.
	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			
	1	of 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	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	4	Land, buildings, and equipment: cost or other	-		
		basis. Complete Part VI of Schedule D 10a			
	ь	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	801,187		844,851.
	14	Intangible assets	002/10/	14	044,031.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	814,089		851,532.
	17	Accounts payable and accrued expenses	014,005	17	031,332.
	18	Grants payable		18	
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	†	
	20	•	_	19	
		Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ē	22	Payables to current and former officers, directors, trustees, key employed	·		
<u>.e</u>		highest compensated employees, and disqualified persons. Complete of Schedule L	Parti		
				22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	464,089.	24	501,532.
	25	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	464,089		501,532.
	26			26	301,332.
		Organizations that follow SFAS 117, check here and co	mpiete		
SS		lines 27 through 29, and lines 33 and 34.	ł		
<u>ਛ</u>	27	Unrestricted net assets		27	
æ	28	Temporarily restricted net assets		28	
<u>E</u>	29	Permanently restricted net assets	•••	29	
Ę		Organizations that do not follow SFAS 117, check here	and		
ō	l	complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	0.		0.
AS	31	Paid-in or capital surplus, or land, building, or equipment fund	0,	+	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	350,000.		350,000.
~	33	Total net assets or fund balances	350,000		350,000.
	34	Total liabilities and net assets/fund balances	814,089.	34	851,532.

Form **990** (2009)

Form	990 (2009) PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT 95-347	4699	Pag	ge 12
Par	t XI Financial Statements and Reporting		-	
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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		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		

Form **990** (2009)

932012 02-04-10

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 of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

Part I	Posson		CHAMBER MUS						95	-34/4	699	
	_+		rity Status (All organiz					tructions.			_	
	7	•	because it is: (For lines	-				•				
1 ⊨	7		es, or association of chur			ection 170	(D)(1)(A)(I)).				
2	7		70(b)(1)(A)(ii). (Attach Sc			470(L)(4)	(4)(:::)					
3	-		rtal service organization					/L.\/ 4\/ A.\/:	::\		/	
4			operated in conjunction	with a nos	pital desci	nbea in se	ction 1/U	(О)(Т)(А)(1	II). Enter tr	ie nospπai	's nam	Ю,
5	city, and stat		benefit of a college or u	nworeity o	wood or or	perated by	. a covern	montal un	t dosonbo	d in		
5 <u> </u>	-		_	iliversity O	wiled or of	oerated by	a governi	ilieritai uri	ii describe	u in		
	٦	(b)(1)(A)(iv). (Compl		t daganba	d 12 41-	470/h//	0/A\/.a					
<u>€</u>	7		nent or governmental uni ceives a substantial part							مالم مالمان	است حالت	_
<i>'</i>		•	•	or its supp	on nom a	governme	miai unii c	or ironi trie	general p	ublic desc	ribea i	л
	7	(b)(1)(A)(vi). (Comple the state described in		(Complete	Dort II \							
* 	n '		section 170(b)(1)(A)(vi).				h		- food	d ===== ==		£
9	_		ceives: (1) more than 33 nctions - subject to certa				-		•	•		
			axable income (less sec							-		
		509(a)(2). (Complete		ווטווטווונם	x) 110111 bu	311103303	acquired b	y u o orga	unzauon a	itei Julie S	ou, 197	5
10 🗀	7		e rait iii.) perated exclusively to te	et for nubli	ic eafaty 9	Saa saatid	n 500/aV/	41				
11 🕱	- ·	•	perated exclusively to te perated exclusively for the	•	-			•	v out the r	NIMOSOS A	of one	or
11 LAS.	•	•	ations described in secti		•				•	•		<i>)</i> 1
			organization and compl				-j. 000 36 0	20011 SOS	адој. Опо	CK IIIO DOX	ulat	
	a X Type		¬		e III - Fund		tegrated		d \square	Type III - (Other	
e X			at the organization is not			•	•	r more dis		••		n
		•	than one or more publicl		•	•	•					
f		-	tten determination from		_				-(-)(-)		(-)(-)	
•	_	rganization, check t				PC ., . , PC	.,,					
g		-	organization accepted ai	nv aift or ci	 ontribution	from anv	of the follo	owina per	 sons?	•• ••• •		
•	-		directly controls, either a			-					Yes	No
	• • •	_	upported organization?					(-)	,,,	. 11g(i)		X
	-		n described in (i) above?	,	•	•		••	11g(ii)		X	
	• • •	•	a person described in (i)		∍?				11g(iii)		X	
h			about the supported or									
••			. шоост ито обрротов от	3	(-).							
(i) Nan	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did vo	u notify the	(vi) !:	the	/vii) An	nount o	
	ganization	(11) EIN	organization		sted in your	organizat	ion in col.	organizáti (i) organiz	on in col. l	(vii) An	port	
0,	guilleution		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	oup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
PHOE	NIX								1 ""			
CHAM	BER MUSI	86-6052614	19	Х	1	х		x		7	8,9	61.
		1					1					
				ļ					 			
										_		
Total		1	1	1	l	ł	I	1	1 1	7	8.9	61.

Form 990 or 990-EZ.

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

	edule A (Form 990 or 990-EZ) 2009 art II Support Schedule for	-)(b)(1)(A)(iv) an	d 170(b)(1)(A)(Page 2
<u> </u>	(Complete only if you checke	The box on line 5	, 7, or 8 of Part I.)				
_	ction A. Public Support			1	Т	1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.")				 	-	
2	Tax revenues levied for the organ-				İ		
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		- •••				
	Public support. Subtract line 5 from line 4			<u> </u>			
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			-	ļ		
8	Gross income from interest,						
	dividends, payments received on			-			
	securities loans, rents, royalties						
	and income from similar sources				1		
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.)					-	
	Total support. Add lines 7 through 10	ata (asa isata satu			1	40	<u> </u>
13	Gross receipts from related activities, First five years. If the Form 990 is for	•		 rd fourth or fifth t	 tay yaar as a sactic	12	
10	organization, check this box and stop	•	inst, second, trii	a, loural, or mari	iax your as a sociic)	▶□
Sec	ction C. Computation of Publ		rcentage			•	
14	Public support percentage for 2009 (column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
1 6 a	33 1/3% support test - 2009. If the o	rganization did nof	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			ightharpoons
t	33 1/3% support test - 2008. If the o	rganization did not	t check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation .			▶□
17a	10% -facts-and-circumstances tes						- · ·
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	urt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	ed organization		. ▶∟
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		, —
4.5	organization meets the "facts-and-circ		-	•	· · · · · ·		▶₩
<u>18</u>	Private foundation. If the organization	in did not check a	DOX ON line 13, 16	a, 160, 1/a, or 17		and see instruction edule A (Form 990	

6						_
Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for	Organizations	Described in	Section 509(a)(2) (Complete eah	if you chacked the h	Page 3
Section A. Public Support	<u> </u>			/-/ (Complete omy	r ii you checkeu the b	OX OII IIIIE 9 OI PAIT I.)
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	10/2000	(0) 2007	(4) 2000	(0) 2000	(1) 1012
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		-		1		,
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	or the organization's	s first, second, thu	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here			<u>.</u> .			<u>▶</u> □
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2009		-	column (f))		15	%
16 Public support percentage from 200				•	16	%
Section D. Computation of Inve	estment Incom	e Percentage			, , , , , , , , , , , , , , , , , , , 	

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sec	tion 501(c)	(3) organization,
	check this box and stop here		▶□
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19	a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more that	n 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 organ	ization .	▶□
	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 sup	ported org	janization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see	-	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT

Employer identification number

95-3474699

Par		od Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		or recounted complete if the
	organization and voted 100 to 10111 000, 1 art 17, 1111	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(2) 201107 2011000 121120	(5) / 61/100 20/10 / 20/100
1	Aggregate contributions to (during year)		
2	Aggregate grants from (during year)		
3			
4	Aggregate value at end of year	writing that the goeste hold in depay od	L
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's		. L Yes L No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Par	t II Conservation Easements. Complete if the org	representation engineered "Ves" to Form 200	Post IV line 7
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		taka da alli
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	-		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	•	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements i		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	·	·
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
TD:	conservation easements. † III Organizations Maintaining Collections o	f Art Historical Tracquires or (Other Cimilar Accets
rai	Complete if the organization answered "Yes" to Form	•	Juler Sillilar Assets.
	Complete if the organization answered Tes to Form	990, Fart IV, IIII 6.	
4-	If the averagination planted as possitted under CEAC 116, as		halaman ahaat wadin af ad bistorial
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e	·	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		and the state of a trace of
b	If the organization elected, as permitted under SFAS 116, to		•
	or other similar assets held for public exhibition, education, c	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
_	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		. • \$

	dule D (Form 990) 2009 PHOENIX t III Organizations Maintaining C	CHAMBER M								Page 2
3	Using the organization's acquisition, access									
	(check all that apply):		,			9	.			
а	Public exhibition	d	ı 🗀 La	an or exc	hange (orograms				
b	Scholarly research	e		ther	•	J				
С	Preservation for future generations	_								
4	Provide a description of the organization's c	ollections and explai	n how the	v further t	he orga	nızatıon's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit of	-		-	_					
	to be sold to raise funds rather than to be m								Yes	☐ No
Par	t IV Escrow and Custodial Arran						rm 990. P	art IV. line		
	reported an amount on Form 990, Pa							,	-,	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ontribution	ns or oth	ner assets no	t included		-	
	on Form 990, Part X?								Yes	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing ta	ble:			• •		00	
_									Amount	-
c	Beginning balance						1c			
d	Additions during the year		•	•	•		1d			
e	Distributions during the year				•••	••	1e			
f	Ending balance	• • • • • • • • • • • • • • • • • • • •	•	•	•	•	1f			
	Did the organization include an amount on F	orm 990 Part X line	212			•			Yes	□ No
	If "Yes," explain the arrangement in Part XIV								7 163	
Par			swered "\	es" to Fo	rm 990.	Part IV. line	10.			
		(a) Current year		or year		o years back		years back	(e) Four	years back
1a	Beginning of year balance	350,000.		,000.			(4)	Jours Dusin	<u> (0)</u> (00.	youro buok
b	Contributions	000,000		,370.						
-	Net investment earnings, gains, and losses	86,101.		,520.				-		
d	Grants or scholarships	00/1010	<u> </u>	, , , , , , , ,					-	
_	Other expenditures for facilities									-
·	and programs	78,961.								
f	Administrative expenses	7,140.	7	,850.		-				
	End of year balance	350,000.		,000.						
9 2	Provide the estimated percentage of the year			,000.	ı					
a	Board designated or quasi-endowment	u end balance neid a	.s. %							
b	Permanent endowment 100.00									
C										
_	Are there endowment funds not in the posse	,	ation that	ara bald a	nd adm	uniotorod for t	ho organi	-ation		
Sa		sssion or the organiza	auon mai	aie ileio a	ino aom	iiiisterea ior i	ui o organi	zation	Г	Vaa Na
	by: (i) unrelated organizations									Yes No
	(ii) related organizations			•••	• •	•		•	3a(i)	X
ь	If "Yes" to 3a(ii), are the related organization	a hatad aa waaniwad a	- Cabadii	 In DO					3a(ii)	- ^ -
4	Describe in Part XIV the intended uses of the				-		•	• •	3b	
Pai	t VI Investments - Land, Building				Part Y	line 10				
	Description of investment	 	т т		•			od	(d) Dools	
	Description of investment	(a) Cost or o basis (investr	I	(b) Cost	or other)		ccumulat preciation	I	(d) Book	value
	Land	2400 (1140311			(50101)	1 30	pi colatioi	' - 		
1a	Land .	•				-				
b	Buildings									
0	Leasehold improvements		- +				_			
d	Equipment									
<u>е</u>	Other		<u></u>	(0) 1	10/-11					

Schedule D (Form 990) 2009

PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48.

932053 02-01-10 95-3474699 Page 3

SEE PART XIV FOR CONTINUATIONS

	t XI Reconciliation of Change in Net Assets from Form 990 to			95-3474699	Page 4
		Audited Financ		aments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	·· ·· -	1	<u>-</u>	
2	Total expenses (Form 990, Part IX, column (A), line 25)	· · · ·	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	· · · · · ·	3		
4	Net unrealized gains (losses) on investments	···· ·· }	4		
5	Donated services and use of facilities	··· · ·	5		
6	Investment expenses	" · }	6		
7 8	Prior period adjustments	•- -	7	<u></u>	
9	Total adjustments (net). Add lines 4 through 8	···· -	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	。··· ··	10		
	t XII Reconciliation of Revenue per Audited Financial Statemen			leturn	
1	Total revenue, gains, and other support per audited financial statements		ро	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		••••	 	
-	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV.)	2d		[
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	•	1	
c	Add lines 4a and 4b	40		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expen	ses per		
1	Total expenses and losses per audited financial statements	•		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
C	Other losses	2c		1	
d	Other (Describe in Part XIV.)	2d		i	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		••		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		5	
	t XIV Supplemental Information				
X, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple RT V, LINE 4: PROVIDE FINANCIAL SUPPORT TO	ete this part to provi	de any add	ditional information.	4; Part
	RT X: DURING THE YEARS ENDED JUNE 30, 1998				
<u> </u>	CIETY FILED INCOME TAX RETURNS AS A PRIVATE	FOUNDATIO	<u>N.</u> D	URING THE Y	EAR
ENI	DED JUNE 30, 2000, THE SOCIETY WAS NOTIFIED	BY THE IR	S THA	T IT WAS NO)T
RE(QUIRING THE SOCIETY TO FILE AS A PRIVATE FO	UNDATION T	HAT S	HOULD PAY	
INC	COME TAXES. AS SUCH, NO INCOME TAXES HAVE	BEEN PAID	OR AC	CRUED SINCE	3

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT 95-3474699 Page 5 Part XIV Supplemental Information (continued)
THAT TIME.
DURING 2005 AND 2009, THE SOCIETY AND THE TRUST ASKED THE IRS FOR A RULING
ON THE ORGANIZATIONSO TAX STATUS. ON DECEMBER 23, 2005 AND JANUARY 22,
2009, THE SOCIETY AND THE TRUST RECEIVED NOTIFICATION FROM THE IRS THAT,
BASED UPON THEIR REVIEW OF THE FINANCIAL INFORMATION AND SUPPORTING
DOCUMENTATION, THE SOCIETY REMAINS CLASSIFIED AS A PUBLIC CHARITY AND THE
TRUST REMAINS CLASSIFIED AS A SUPPORTING ORGANIZATION. THEREFORE, THE
SOCIETY AND THE TRUST WILL CONTINUE TO FILE NON-PROFIT RETURNS THAT WILL
NOT REQUIRE THE PAYMENT OF INCOME TAXES.
THE IRS HAS THE RIGHT TO EXAMINE THE RETURNS GENERALLY FOR A PERIOD OF
THREE YEARS AFTER FILING OF THE RETURNS.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
AMER FUND EUROPACIFIC GROWTH FUND	30,654.	FMV
AMER FUND GROWTH FUND OF AMER	41,305.	FMV
AMER FUND INVESTMENT CO. OF AMER	40,712.	FMV
PIMCO ALL ASSET ALL AUTHORITY FUND	52,623.	FMV
DFA U.S. LARGE CAP VALUE PORTFOLIO	35,047.	FMV
DFA U.S. TARGETED VALUE PORTFOLIO	24,131.	FMV
GOLDMAN SACHS ABSOLUTE RETURN TRACKER JPMORGAN HIGHBRIDGE STATISTICAL MKT NEUTRAL	38,669.	FMV
SELE	38,635.	FMV
LAZARD CAP ALLOCATOR SERIES OPPT STRAT PORT	49,917.	FMV
PIMCO GLOBAL MULTI ASSET FUND	50,203.	FMV
PIMCO LOW DURATION FUND	41,940.	FMV
	-	
932431		Caladala D (Farra 200) 2000

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 **Open to Public** Inspection

Employer identification number

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.

PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT	95-3474699
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PR	RESENTED AT A
BOARD MEETING WITH COPIES DISTRIBUTED TO EACH BOARD MEMBER	IN THEIR MEETING
PACKET. IT IS ALSO AVAILABLE AT THE OFFICE OF PHOENIX CHAM	BER MUSIC SOCIETY
UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS	AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

► See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT

2009 Open to Public Inspection

Employer identification number 95-3474699

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37.

Schedule R (Form 990) 2009 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) SCHEDULE A LINE 9 OF **e** <u>e</u> Exempt Code Total income section Ð ਉ 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ARIZONA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PROMOTE CHAMBER MUSIC Primary activity Primary activity <u>e</u> PHOENIX CHAMBER MUSIC SOCIETY - 86-6052614 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 85067 P.O. BOX 34235 PHOENIX AZ Part II

95-3474699

Page 2

PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner? Yes 9 Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling | entity Legal domicile (state or foreign country) <u>©</u> Primary activity Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

) mod		· · · · · · · · · · · · · · · · · · ·	:			
(a)	(q)	(0)	(Q)	(e)	(J)		Ξ
Name, address, and EIN of related organization	Primary activity	9	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
				_			

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009 PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT

<u>6</u>
ĕ
ō
ŝ
ຕ
*
Ö
≛
⋝.
=
폇
σ.
8
ŏ
E
ē
5
<u> </u>
es.
چّ
<u>-</u>
on answered
8
2
ᡖ
Ĕ
유
za
Ξ
Ö
ō
φ
₹
.E
ŧ
₫
Ĕ
ŏ.
8
Ē
ž
8
₹
8
ō
ŏ
ē
ā
æ
¥iŧ
₹
2
ĝ
টু
Sac
a
Ë
•
_
art
ģ

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			_
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	×
b Gift, grant, or capital contribution to other organization(s)		4p	×
Gift grant or capital contribution from other organization(s)		7	×
		3	>
d Loans or loan guarantees to or lot other organization(s)		2	4
e Loans or loan guarantees by other organization(s) .		- 1	×
f Sale of assets to other organization(s)		#	×
		\$	×
		2	4 :
h Exchange of assets		=	×
i Lease of facilities, equipment, or other assets to other organization(s)	:	;=	×
			-
j Lease of facilities, equipment, or other assets from other organization(s)		;	×
k Performance of services or membership or fundraising solicitations for other organization(s)	:	4	×
		=	×
		£	×
		<u>\$</u>	>
II Stiating of paid employees			4
Baimbi reament paid to other organization for expenses		Ş	×
		2 .	;
p Reimbursement paid by other organization for expenses	:	4	4
		+	
 q Other transfer of cash or property to other organization(s) 		19 X	ᆉ
r Other transfer of cash or property from other organization(s)		1	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction thresholds.	•	
(a)	Ð	9	
Name of other organization(s)	Transaction	Amount involved	hev
	(i.m) odk;		
(1) PHOENIX CHAMBER MUSIC SOCIETY	o	50,	50,000.
			1
(2)			
(3)			
(4)			
(9)			
932163 02-04-10	Sch	Schedule R (Form 990) 2009	0) 2009
		,	•

95-3474699

Page 4

Schedule R (Form 990) 2009 PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e)	(a)	(2)	9	(0)	€	(b)	ε
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	တ	ģ e	Code V-UBI	General or managing
of entity		(state or toreign country)	organizations? Yes No	year assets	Allocations?	of Schedule K-1 (Form 1065)	Yes No
							.
					•		
			_				
							-
			_				_
	-		_				
							_
							_

Form 8868	3 (Rev. 4-2009)		Page 2			
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	х	▶ X			
	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868.			
_	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded).			
Type or	Name of Exempt Organization	Empl	oyer identification number			
print File by the	PHOENIX CHAMBER MUSIC SOCIETY ENDOWMENT	9	5-3474699			
extended	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 34235	For IF	RS use only			
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85067					
X For	pe of return to be filed (File a separate application for each return): m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A m 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	== ` `	rm 5227 Form 8870 rm 6069			
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.			
Teleph If the c If this box I re For 6 If th TH 8a If th	rone No. ► 602-252-0095 FAX No. ► organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift is for part of the group, check this box ► and attach a list with the names and EINs of all quest an additional 3-month extension of time until calendar year, or other tax year beginning	JUN UN NOT	the whole group, check this			
	· · · · · · · · · · · · · · · · · · ·	- 8a	3			
	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	payments made. Include any prior year overpayment allowed as a credit and any amount paid		•			
	eviously with Form 8868.	8b	<u>\$</u>			
	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		A 37/2			
wit	h FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A			
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
Signature	► CPA	Date	•			
	//		Form 8868 (Rev. 4-2009)			