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Department of the Treasury Internal Revenue 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)

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

OMB No 1545-0047 2009 Open to Public Inspection

Form **990** (2009)

Α Ι	For the 2009 ca	alendar ye	ar, or tax year beginning $09/01/09$ , and ending $08/31/$	10			
В	Check if applicable	Please	C Name of organization		D	Emplo	yer identification number
	Address change	use IRS label or	MUSIC ARTS INSTITUTE				
	Name change	print or	Doing Business As	<del></del> .			1245831
	nitial return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite	ĮΕ	•	one number
	Termination	Specific	1010 S PEARL STREET		+		<del>5-836-1998</del>
		Instruc-	City or town, state or country, and ZIP + 4  INDEPENDENCE MO 64050		٩	Gross rece	epts \$ 265,279
$\equiv$	Amended return	tions :	and address of principal officer		<b></b>	(a) Is this:	a group return for
<i>□ f</i>	Application pending	Name	and address of principal officer		'"	affiliate	
					H	(b) Are all include	affiliates
							attach a list (see instructions)
ī	Tax-exempt stat	tus X	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527				
			artsinstitute.org		Н	(c) Group	exemption number
K	Type of organization	n X Cor	poration Trust Association Other ▶ I	Year of formation	on		M State of legal domicile MO
P	art I S	Summai	у				
	,		ne organization's mission or most significant activities				
œ.	COM	MUNIT	BASED MUSIC/ARTS EDUCATION				
anc							
ž			<u></u>				
Activities & Governance	2 Check t	this box 🕨	If the organization discontinued its operations or disposed of more than 2	5% of its net a	assets		
∞	3 Number	r of voting	members of the governing body (Part VI, line 1a)			3	
es	4 Numbe	r of indep	endent voting members of the governing body (Part VI, line 1b)			4	
ĭ	5 Total nu	umber of e	employees (Part V, line 2a)			5	3
Act			olunteers (estimate if necessary)			6	
	_		ated business revenue from Part VIII, column (C), line 12			7a	
	<b>b</b> Net unr	elated bu	siness taxable income from Form 990-T, line 34		d V	7b	0
	9 Contrib	utions on	Agreets (Part VIII June 1h)	P	ior Year	,025	Current Year 99,319
91			l grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		216		164,275
Revenue	1		ne (Part VIII, column (A), lines 3, 4, and 7d)			, 956	1,685
8			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			, , , , ,	
		•	and the standing (s), lines of our out of the standing (s), and th	-	401	,720	265,279
			ar amounts paid (Part IX, column (A), lines 1–3)			, 085	66,627
			w for members (Part IX, column (A), line 4)				
,,	REGE	VED	ompensation, employee benefits (Part IX, column (A), lines 5–10)		37	, 656	50,960
32 penses	16a Profess	sional fund	rrais्रोंदे fees (Part IX, column (A), line 11e)				<u> </u>
28	N 6 Votal fü	indraising	expenses (Part IX, column (D), line 25) ▶				
SÃ	17 Other e	expenses	PatOX, column (A), lines 11a–11d, 11f–24f)		243	,733	207,877
-	18' Total e	xpenses	Add lines 13–17 (must equal Part IX, column (A), line 25)		345	,474	325,464
	G G G G G	je jesa ex	penses Subtract line 18 from line 12			,246	-60,185
S OF				Beginning			End of Year
Assets or Balances	20 Total as	•	·		452		389,358
<u></u>	Zi rotarila	•	art X, line 26)			,397 ,754	789
			d balances Subtract line 21 from line 20		440	, /54	388,569
<del>്</del>			re Block				
$ \bigcirc $	a	Inder pena Ind belief, if	ties of perjury. Leclare that I have examined this return, including accompanying schedule is true, correct, and complete. Declaration of preparer (other than officer) is based on all in	s and statement formation of whi	ts, and to ich prepai	tne best o rer has an	or my knowledge Ny knowledge
ن ⊈Sig		$\mathcal{L}$	at Toe			1 //	-11-10
He		Support	va et efficer			Date	
-)		•	re of officer  RK LEE PRES	SIDENT		Pale	
		<b>—</b>	print name and title				
·//.	<del></del>		Date		Check If		Preparer's identifying number
€Pa	id   [	Preparer's signature			self- employed	▶ □	see instructions) P00128668
涉Pro	eparer's 🗀		Floyd R. Brown, Jr. & Company	33/ ±0  ·	employed	EIN	43-1055866
	e Only	irm's name	2200 Courth M 201 Winhamm	F1.11 112		Phone	- 43 1033000
		f self-emplo address, an	' '				▶ 816-373-3500 <sub>ℓ</sub>
Max			turn with the preparer shown above? (see instructions)			110	Ves No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

### Part III Statement of Program Service Accomplishments

1	Bnefly	describe	the	organization's mission	
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COMMUNITTY	BASED	MUSTC/ARTS	EDUCATION

		, ,			
2	the pnor For	inization undertake any significant pro m 990 or 990-EZ? icribe these new services on Schedule	gram services during the year which were not list	ed on	Yes X No
3	Did the orga services?	inization cease conducting, or make s	ignificant changes in how it conducts, any prograi	n	Yes X No
4	Describe the Section 501	(c)(3) and 501(c)(4) organizations and	ach of the organization's three largest program se d section 4947(a)(1) trusts are required to report t enue, if any, for each program service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
				•	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(Expenses		ding grants of \$ 66,627 ) (R	evenue \$	)
4e	l otal progr	ram service expenses	234,176		Farm 990 (2000)

## Part IV Checklist of Required Schedules

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	x	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	<u> </u>	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-		
3	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	<u> </u>	_		
7	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		х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		一		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		T		
	VII, VIII, IX, or X as applicable	L.	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	Γ			
	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 related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 169 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 487 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?  Yes	No T			•
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X			•
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?	-	4a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	١,	4.		x
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	⊢'	4b		
15	organization 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	⊢	13	-	-
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				<del></del>
.,	on Part IX, column (A), lines 6 and 11e <sup>2</sup> If "Yes," complete Schedule G, Part I		17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-	**		<del> </del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				† <del></del>
. •	If "Yes," complete Schedule G, Part III		19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
	The state of the s				<del></del>

### Checklist of Required Schedules (continued)

	are is a control of required contractor (commission)			
24	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	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		_=_	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			İ
		24a		х
	24b through 24d and complete Schedule K. If "No," go to line 25	24b		<del></del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		i
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	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		<del></del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ĺ
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			v
	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			v
	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)		ł	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	7,
	Schedule L, Part IV	28b	<del>                                     </del>	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	ţ		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ĺ	l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	Ì		l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
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	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	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			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	X

Рa	rt v Statements Regarding Other IRS Filings and Tax Compliance					-	
_				F		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		31	Į.		1	
_	U.S. Information Returns. Enter -0- if not applicable	1a	31				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b ]			ı	- 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		İ.	.	x	
2-	gaming (gambling) winnings to prize winners?  That the number of ampletone specified an Form W.3. Transmittel of Wass and Tax	1		<u> </u>	lc		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	3				
<b>.</b>	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			<del></del> i .	2ь	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				-		
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	J					
Ja	this return?	,		į.	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 auth	ority		<u> </u>			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-		İ			
	account)?				4a		x
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 Bar	nk					
	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	17			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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Γ			
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ог					
	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 good	ds					
	and services provided to the payor?				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?		,	ļ	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal					
	benefit contract?			<b>—</b>	7e		<b></b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	)			7f -		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	5			7L		
0	required?  Spannering experience maintaining donor advised funds and section E00(a)(2) supporting			<u> </u>	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						1
	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?			ŀ	8		Ī
9	Sponsoring organizations maintaining donor advised funds.			F		<b></b>	<b></b>
a	Did the organization make any taxable distributions under section 4966?			Ī	9a		Ī
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter			<u> </u>			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	i	F			ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					1
11	Section 501(c)(12) organizations. Enter		·				I
	Gross income from members or shareholders	11a		[			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against						1
-	amounts due or received from them )	11b		Į.			I
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10				12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? 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? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 MUSIC ARTS INSTITUTE 1010 S PEARL

MO 64057

organization >

INDEPENDENCE

# 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"

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

Week   Compare	(A) Name and Title	(B) Average	Posi	tion (	(C check		hat ap	ply)	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
VICE PRES   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
DICK WILSON   PRESIDENT	JAMES LYEN								· · · · · · · · · · · · · · · · · · ·		·-·-
DICK WILSON   PRESIDENT	VICE PRES								0	0	0
JANE HOWARD   DIRECTOR	DICK WILSON										
JANE HOWARD   DIRECTOR	PRESIDENT								o	0	l o
BRUCE DICKERSON   DIRECTOR   DO	JANE HOWARD										
BRUCE DICKERSON   DIRECTOR   O O O O O O O O O O O O O O O O O O	DIRECTOR								o	0	0
JOANNE CABLE   DIRECTOR   DO	BRUCE DICKERSON										
JOANNE CABLE   DIRECTOR   DO	DIRECTOR								o	0	0
JON-MARC DONALD   TREASURER	JOANNE CABLE									· · · · · · · · · · · · · · · · · · ·	<del></del>
JON-MARC DONALD   TREASURER	DIRECTOR								o	0	0
CHRISTIE GEIER-PRATT	JON-MARC DONALD										
CHRISTIE GEIER-PRATT   DIRECTOR	TREASURER								o	0	o
MATT GUILFOIL         0         0         0           DIRECTOR         0         0         0           MELISSA MADER-SCHAEFER         0         0         0           SECRETARY         0         0         0           ROBERT PAUL         0         0         0           DIRECTOR         0         0         0           SUSAN WATKINS         0         0         0           DIRECTOR         0         0         0           KEY EMPLOYEE         0         0         0           KEY EMPLOYEE         0         0         0           KIMBERLY BRUCE         0         0         0           DIRECTOR         0         0         0           KATHLEEN HUNZICKER         0         0         0           DIRECTOR         0         0         0           MARK LEE         0         0         0         0	CHRISTIE GEIER-PE	ATT									
MATT GUILFOIL         0         0         0           MELISSA MADER-SCHAEFER         0         0         0           SECRETARY         0         0         0           ROBERT PAUL         0         0         0           DIRECTOR         0         0         0           SUSAN WATKINS         0         0         0           DIRECTOR         0         0         0           KEY EMPLOYEE         0         0         0           KEY EMPLOYEE         0         0         0           KIMBERLY BRUCE         0         0         0           DIRECTOR         0         0         0           KATHLEEN HUNZICKER         0         0         0           DIRECTOR         0         0         0           MARK LEE         0         0         0         0	DIRECTOR								O	0	0
MELISSA MADER-SCHAEFER       0       0       0         SECRETARY       0       0       0         ROBERT PAUL       0       0       0         DIRECTOR       0       0       0         SUSAN WATKINS       0       0       0         DIRECTOR       0       0       0         KEY EMPLOYEE       0       0       0         KEY EMPLOYEE       0       0       0         KIMBERLY BRUCE       0       0       0         DIRECTOR       0       0       0         KATHLEEN HUNZICKER       0       0       0         DIRECTOR       0       0       0         MARK LEE       0       0       0	MATT GUILFOIL										
MELISSA MADER-SCHAEFER       0       0       0         SECRETARY       0       0       0         ROBERT PAUL       0       0       0         DIRECTOR       0       0       0         SUSAN WATKINS       0       0       0         DIRECTOR       0       0       0         KEY EMPLOYEE       0       0       0         KEY EMPLOYEE       0       0       0         KIMBERLY BRUCE       0       0       0         DIRECTOR       0       0       0         MARK LEE       0       0       0	DIRECTOR								0	0	0
ROBERT PAUL   DIRECTOR   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MELISSA MADER-SCH	AEFER									-
DIRECTOR         0         0         0           SUSAN WATKINS         0         0         0           DIRECTOR         0         0         0           SARIAH PINICK         0         0         0           KEY EMPLOYEE         0         0         0           KEY EMPLOYEE         0         0         0           KIMBERLY BRUCE         0         0         0           DIRECTOR         0         0         0           KATHLEEN HUNZICKER         0         0         0           MARK LEE         0         0         0	SECRETARY								O	0	0
SUSAN WATKINS         0         0         0           DIRECTOR         0         0         0           SARIAH PINICK         0         0         0           KEY EMPLOYEE         0         0         0           KEY EMPLOYEE         0         0         0           KIMBERLY BRUCE         0         0         0           DIRECTOR         0         0         0           KATHLEEN HUNZICKER         0         0         0           MARK LEE         0         0         0	ROBERT PAUL									-	
DIRECTOR	DIRECTOR								0	0	0
SARIAH PINICK         0         0         0           KEY EMPLOYEE         0         0         0           KEY EMPLOYEE         0         0         0           KIMBERLY BRUCE         0         0         0           DIRECTOR         0         0         0           MARK LEE         0         0         0	SUSAN WATKINS								-		
KEY EMPLOYEE       0       0       0         LESLIE HAGENSEN       0       0       0         KEY EMPLOYEE       0       0       0         KIMBERLY BRUCE       0       0       0         DIRECTOR       0       0       0         MARK LEE       0       0       0	DIRECTOR								0	0	0
LESLIE HAGENSEN         KEY EMPLOYEE       0       0       0         KIMBERLY BRUCE       0       0       0         DIRECTOR       0       0       0         MARK LEE       0       0       0	SARIAH PINICK								-		
LESLIE HAGENSEN         KEY EMPLOYEE       0       0       0         KIMBERLY BRUCE       0       0       0         DIRECTOR       0       0       0         MARK LEE       0       0       0	KEY EMPLOYEE				_				0	0	0
KIMBERLY BRUCE DIRECTOR  KATHLEEN HUNZICKER DIRECTOR  MARK LEE  O  O  O  O	LESLIE HAGENSEN										
KIMBERLY BRUCE  DIRECTOR  KATHLEEN HUNZICKER  DIRECTOR  MARK LEE  O 0 0 0	KEY EMPLOYEE								0	0	0
KATHLEEN HUNZICKER DIRECTOR MARK LEE	KIMBERLY BRUCE										
DIRECTOR 0 0 0	DIRECTOR	Ì	1		l				o	0	0
MARK LEE	KATHLEEN HUNZICKE	R			$\neg$						
	DIRECTOR	L							o	0	0
EXEC DIREC	MARK LEE										
	EXEC DIREC	<u></u>	<u>L</u>	_	X		<u> </u>		7,333	0	О

Pai	(A) Name and Title	(B) Average			((	C)	hat ap		(D)  Reportable	(E) Reportable	Es	(F)	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of other pensation om the anization I related nizations	
											_		
											i		
				ļ							<del></del>		
						-							
	Total		<u> </u>			<u> </u>		<u> </u>	7,333				
2	Total number of individuals (in reportable compensation from	-		to th	nose	liste	d abo	ove)	·	•			
3	Did the organization list any fo	rmer officer, dire	ctor (	or tru	ıstee	, key	emp	oloye	ee, or highest compensated			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	a 1a, is the sum of	f rep	ortat	ole c	omp	ensat	ion .	and other compensation fro	m vab		3	X
5	individual  Did any person listed on line 1									1C11		4	X
Sec	services rendered to the organition B. Independent Contract		com	plete	Sch	nedu	e J f	or su	uch person			5	X
1	Complete this table for your five compensation from the organic	e highest compe	nsate	ed in	depe	ende	nt co	ntrad	ctors that received more tha	n \$100,000 of			
	Name and	(A) d business address						-	Descrip	(B) otion of services		(C) Compensa	ation
						_							
2	Total number of independent of	contractors (include	ding	but r	ot lir	nited	l to th	nose	listed above) who received				
DAA	more than \$100,000 in compe	nsation from the	orga	nızat	ion 🕨	<u>-</u>						0 Form <b>99</b> (	(2009)

Pa	rt VI	II Statem	ent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated cam	nainns	1a				70101100		512, 575, 575
Contributions, gifts, grants and other similar amounts	h	Membership di		1b			<u> </u>			
흔	•	Fundraising ev		1c			•			
its I	٦	Related organi		1d			I			
9.E	•	Government grants (		1e			I			
Sign	e	•	,	16			1			
를	٠,	All other contribution and similar amounts		1f		99,319	1			
들	_				<u> </u>	33,313	I			
and	g		ns included in lines 1a-	H S	•	_	99,319			
$\overline{}$	<u> </u>	Total. Add line	s 1a-11			Duran Carla	99,319			
ğ	•					Busn Code	153,632	153,632		
ě	2a	TUITION				<del> </del>	3,892	3,892	-	
9	b		NIMENT FEES		_	<del>                                     </del>	3,786	3,786		
اڲ	C .		ENT/INTERVIE	W FEE	S	1	2,135	2,135		
နှ	d	COST RE				<del>                                     </del>	430	430		
ᇤ	е		SHIP APPLICA		FEES	<del> </del>	400			
Program Service Revenue			am service rever	nue				400		
	_	Total. Add line					164,275			
	3		ome (including d	liviaena	is, interes	t, and	1,685			1,685
		other similar ai	•			. [ ]	1,005			1,665
	4		vestment of tax-	exemp	t bona pro	ceeds				<del></del>
	5	Royalties	( ) PI		()	)				
	_		(ı) Real		(11) F	Personal	1		į	
	6a	Gross Rents								
	b	Less rental exps			_		1			
	C	Rental inc or (loss)	L				†		:	
	d 7a	Net rental inco Gross amount from			· · · · · · · · · · · · · · · · · · ·	<b>→</b>		:		
	'-	sales of assets	(i) Securitie	S	(11)	Other				
		other than inventory								
	Ь	Less cost or other					1			
	İ	basis & sales exps								
	C	Gain or (loss)	L				1		•	
	d	Net gain or (lo		. 1		<b>•</b>				:
e	8a		om fundraising eve	nts						
		(not including \$								
Şe			reported on line 1c)							
Other Reven	١.	See Part IV, line		а						
₹		Less direct ex	•	b			Ī			
	•		(loss) from fund		events_	<b>P</b>	···			
	<sub> </sub> 9а		om gaming activitie							
	Ι.	See Part IV, line		a						
		Less direct ex		b	4. – –					
	1		(loss) from gam	ing acti	vities	•				
	TUA		f inventory, less			Į.				
	١.	returns and all		a						
		Less cost of g		b			ŧ			
	C		(loss) from sale		entory	Buen Cade				
			cellaneous Revenue	-		Busn. Code	1			
	11a									<u> </u>
	b									
	C							· <del>-</del>		· <del>- · · · · · · · · · · · · · · · · · ·</del>
	ď					L				
	1	Total. Add line				•	205 070	164 075	^	1 605
	12	Total Revenu	e. See instructio	ns		▶	265,279	164,275	0	1,685

#### 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 required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	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		66 605	1	
	the U.S. See Part IV, line 22	66,627	66,627		
3	Grants and other assistance to governments,			I	
	organizations, and individuals outside the			I	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	47,243		47,243	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,717		3,717	<u></u>
11	Fees for services (non-employees)				
а	Management				
b	Legal	985		985	
С	Accounting	3,000		3,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	29,063	20,035	9,028	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	20,998	20,998		
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	<u> </u>			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	04 000	04 000		<del></del>
а	CONTRACT INSTRUCTORS	94,903	94,903	20 000	
b	PLANT CONSULTANT	20,090	0.244	20,090	
С	RECITAL COSTS	8,344	8,344	4 204	<del></del>
d	OFFICE EXPENSE	4,304	A 101	4,304	
e	ACCOMPANIST FEES	4,121	4,121	2 021	<u></u>
f	All other expenses	22,069	19,148	2,921	
25_	Total functional expenses. Add lines 1 through 24f	325,464	234,176	91,288	
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				
DAA	fundraising solicitation	<u> </u>			Form <b>990</b> (2009)

		(2009) MUSIC ARTS INSTITUTE	<del></del>	43-1245631		Page 11
P:	art X	Balance Sheet				<del></del>
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		94,928		55,752
	2	Savings and temporary cash investments		135,046	1	136,677
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		55,496	4	49,531
	5	Receivables from current and former officers, directors, to	rustees, key		1	
		employees, and highest compensated employees Comp	lete Part II of	•		
		Schedule L			5	<del></del>
	6	Receivables from other disqualified persons (as defined to	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete			
ıΛ		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	1		9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 330,	157		
	b	Less accumulated depreciation	10b 182,	759 166,681	10c	147,398
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		<u> </u>	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line 34	)	452,151	16	389,358
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key		1 1	
<u>.</u>		employees, highest compensated employees, and disqui	alified		1 1	
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities Complete Part X of Schedule D		3,397		789
	26	Total liabilities. Add lines 17 through 25		3,397	26	789
S		Organizations that follow SFAS 117, check here ▶	and			
ည		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets			27	
Balances	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, check he	re 🕨 🗓			
7		and complete lines 30 through 34.				
ķ	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or	other funds	448,754		388,569
Net Assets or Fund	33	Total net assets or fund balances		448,754		388,569
Ž	34	Total liabilities and net assets/fund balances		452,151	34	389,358

Form **990** (2009)

Form **990** (2009)

۲a	in 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
b	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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

MUSIC ARTS INSTITUTE

Employer identification number

			MUSIC ARTS I	NSTITUTE					43-	124	5831			
Pŧ	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this p	art)Se	ee ins	tructio	ns			
he	orgar	nization is not a	a private foundation because	ett is (For lines 1 through 11, che	ck only or	e box )								
1	$\Box$	A church, con	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)( <i>A</i>	A)(i).							
2	X	A school desc	cnbed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	П			e organization described in secti	on 170(b)	(1)(A)(iii).								
4	H	•	•	in conjunction with a hospital de				(A)(iii). I	Enter th	e hospi	tal's name			
•	ш	city, and state	- '	,			( - /( - /	()()-		осор.		•		
5	$\Box$	-		f a college or university owned or	onersted	hy a nove	rnmenta	Lunit de	scahed	ın				
•	Ш	•	b)(1)(A)(iv). (Complete Part	•	operated	by a gove	iiiiicina	i unit de	scribed					
c		•		'' ) overnmental unit described in <b>sec</b>	tion 170/	5\/4\/ <b>5</b> \/ <sub>1</sub>								
6 7	H		•	substantial part of its support from	•		•	the eer	and au	hlio				
′	Ш	•	•	. , ,	a govern	mental un	11 01 11 011	i tile ger	ierai pu	DIIC				
			section 170(b)(1)(A)(vi). (Co											
8	H	-		70(b)(1)(A)(vi). (Complete Part II				K K-						
9	ш	_	•	) more than 33 1/3 % of its suppo						-				
		•		pt functions—subject to certain e	•	• •				KS				
		• •	•	d unrelated business taxable inco			ritax) m	om busii	nesses					
			<u>-</u>	), 1975 See section 509(a)(2) (	•	•								
10	$\vdash$	_	•	exclusively to test for public safety		,								
11	Ш			exclusively for the benefit of, to pe			·	•						
				ed organizations described in sec	•					tion				
		<u>—</u>		ne type of supporting organization			. [	<del>-</del>						
	$\Box$	a Type	<b>₩</b>	c Type III–Functiona			d (		e IIIOth	ner				
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section													
		•	•	and other than one or more public	ciy suppor	teo organi	izations (	describe	a in sec	tion				
_			section 509(a)(2)											
f		-		rmination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upporting	g					$\overline{}$
		-	check this box			6.11								
g				ion accepted any gift or contributi	on from ai	ny of the								
		following per										Γ.	. F	
				ntrols, either alone or together wi	tn persons	s describe	d in (II)				<u></u>		es	No
				f the supported organization?								lg(ı)	$\dashv$	
		• •	member of a person describ	• •								lg(II)		
			controlled entity of a person d								[11	lg(III)		
<u>h</u>			following information about th		1, ,,									
(1)		e of supported anization	(II) EIN	(III) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify	(vi) l organizat	s the ion in col		Amour support		
	o.g	Juni Lation		above or IRC section	1 ,-	document?	∞l (ı)	of your	(ı) organı	zed in the		заррог		
				(see instructions))	<u> </u>			ort?		5?				
					Yes	No	Yes	No	Yes	No				
					<del> </del>				<u> </u>					
		_			<del> </del>				_	-				
					1	<del> </del>			<u> </u>					
					+				<del>                                     </del>					
					}				•					
					1									
T_4-				<b>‡</b>	‡	1	1	1	1					

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (e) 2009 (a) 2005 (b) 2006 (d) 2008 (f) Total (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Part II Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

<u> </u>	(Complete only if you che	Crea me nox o	UII IIIIE 9 UI FA	11.13		<del></del>	
	tion A. Public Support	4 ) 6005	1,,,,,,,,	(.) 0007	(1) 0000	(-) 2000	(D.T.)
Cal	endar year (or fiscal year beginning ın) ▶	(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	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						· · · · · · · · · · · · · · · · · · ·
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	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			<del> </del>		1	
C	Add lines 7a and 7b		: ' '				
8	Public support (Subtract line 7c from line 6)						
_	tion B. Total Support	,	T		T	1 1	
	lendar 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	:					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L	1			<u> </u>	
14	First five years. If the Form 990 is for the o		second, third, four	th, or tifth tax year	as a section 501(c)	(3)	
500	organization, check this box and stop here ction C. Computation of Public Su		tago				
	Public support percentage for 2009 (line 8,			(A)		15	<u></u> %
15				(1))		16	
16 Sec	Public support percentage from 2008 Sche etion D. Computation of Investme					10	70
17	Investment income percentage for 2009 (lir			column (fl)		17	%
18	Investment income percentage for 2009 (iii			Column (1))		18	
19a	33 1/3 % support tests—2009. If the organ		•	14, and line 15 is n	nore than 33 1/3 %	<del></del>	
. Ja	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ	· ·	•	•			
	line 18 is not more than 33 1/3 %, check th						<b>&gt;</b>
20	Private foundation. If the organization did		_			=	▶ [

Schedule A (Form 990 or 990-EZ) 2009 MUSIC ARTS INSTITUTE

43-1245831

Page 4

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

#### 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.

OMB No 1545-0047
2009
Open to Public

Inspection Name of the organization Employer identification number MUSIC ARTS INSTITUTE 43-1245831 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organiza	ations Maintaining C	Collections of Art,	<b>Historical Treas</b>	ures, or Other S	Similar Assets	(continued)
3	Using the organization collection items (chec	n's acquisition, accession, a k all that apply)	and other records, chec	k any of the following t	hat are a significant i	use of its	•
а	Public exhibition		<b>d</b> Loar	or exchange program	s		
b	Scholarly researc	h	e 🔲 Othe	er	<b></b>		
C	Preservation for for	uture generations					
4	Provide a description Part XIV	of the organization's collec	tions and explain how the	hey further the organize	ation's exempt purpo	se in	
5		ne organization solicit or red alse funds rather than to be					Yes _ No
Pa	ert IV Escrow	and Custodial Arran	igements. Comple	ete if the organiza	ition answered "	Yes" to Form 9	990, Part
	IV, line 9	, or reported an amo	ount on Form 990,	Part X, line 21.			
1a	Is the organization an	agent, trustee, custodian o	or other intermediary for	contributions or other	assets not		
	ıncluded on Form 990	, Part X?					Yes No
b	If "Yes," explain the ai	rrangement in Part XIV and	complete the following	table			
							Amount
С	• •					1c	
d	Additions during the y					1d	- <del></del>
e	Distributions during th	ie year				1e	
f o-	Ending balance		000 5 1 1 1 010			1f	
	J	nclude an amount on Form	990, Part X, line 217				
		rrangement in Part XIV nent Funds. Comple	te if organization o	answored "Vee" to	Form 000 Por	+ I\/ line 10	
FC	IL V ENGOWI	ient runus. Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	ck (e) Four years back
12	Beginning of year bala	ance	(a) outlett your	(b) I not year	(c) Two years back	(d) Three years bac	(c) i oui years back
b		arice					
c	Net investment earnir	nas dains					
·	and losses	.go, gao,					
đ	Grants or scholarship	s					
e	Other expenditures fo						
	and programs						
f	Administrative expens	ses					
g	End of year balance						
2	Provide the estimated	l percentage of the year en	d balance held as				
а	Board designated or o	quasi-endowment >	%				
b	Permanent endowme	nt <b>&gt;</b> %					
C	Term endowment ▶	%					
3a	Are there endowment	funds not in the possession	on of the organization th	at are held and admini	stered for the		
	organization by						Yes No
	(i) unrelated organiz						3a(i)
	(ii) related organizati						3a(ii)
þ	, ,,	he related organizations lis	·				3b
4		the intended uses of the organization	·		) D + ) /     40		
<u> </u>		ents—Land, Buildin					(1) 0 1 1
	Description o	rinvestment	(a) Cost or other basis (investment)	(b) Cost or other basis (other	' '	cumulated reciation	(d) Book value
4	land		(investment)	Dasis (Ottlet	, аері	Colditoli	
	Land		N				· · · · · · · · · · · · · · · · · · ·
	Buildings	onte			<del></del>		
	Leasehold improveme	#III/2		<del></del>			
	Equipment Other			330	,157	182,759	147,398
		1e (Column (d) must equa	L		, 10 /	102,139	147,398
. 000		(Solution (d) music equi	2 3 300, 1 ur. 7., col	(D), mic ro(c))		Sabad	147,390

Schedule D (Form 990) 2009 MUSIC ARTS INSTITUTE		43-1245831	Page 3
Part.VII Investments—Other Securities. See Form 990	), Part X, line 12		
(a) Description of security or category	(b) Book value	(c) Method of valuation	n
(including name of security)		Cost or end-of-year market	value
Financial derivatives			·
Closely-held equity interests			
Other		<del></del>	
		_	<del> </del>
		<del></del>	
		·····	<del> </del>
<del> </del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	n
		Cost or end-of-year market	value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			<del></del>
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description		(1	b) Book value
			<del></del>
<del></del>			
			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line 25	<u> </u>	<u> </u>	
1 (a) Description of liability	(b) Amount		
Federal income taxes	` -		
PAYROLL LIABILITIES	789		
A/P NEW YORK POLYPHONY			
PREPAID TUITION			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiz	ation's financial statements th	nat reports the	
organization's liability for uncertain tax positions under FIN 48			

che	dule D (Form 990) 2009 MUSIC ARTS INSTITUTE	43-124583		Page <b>4</b>
Pa	rt-XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial Statem</b>	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
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	Pnor penod adjustments		7	
8	Other (Describe in Part XIV)		8	-· -· -
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 9		10	<u> </u>
	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net unrealized gains on investments	2a	-	
b	Donated services and use of facilities	2b	1	
C	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIV )	2d	1	
_	Add lines 2a through 2d		2e	-
3	Subtract line 2e from line 1	1 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	┨	
	Other (Describe in Part XIV )	4b	1	
_	Add lines 4a and 4b		4c 5	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Let XIII Reconciliation of Expenses per Audited Financial Stateme	ants With Expanses per B	<u> </u>	
-	art XIII Reconciliation of Expenses per Audited Financial Statements  Total expenses and losses per audited financial statements	ents with Expenses per h	4	<u> </u>
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del></del>	
2	Donated services and use of facilities	2a		
a	Prior year adjustments	2b	1	
Ç	Other losses	2c 2c	1	
	Other (Describe in Part XIV )	2d	1	
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	۳	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIV )	4b	1	
c	Add lines 4a and 4b		4 <sub>C</sub>	]
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	art XIV Supplemental Information		<u> </u>	<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 1a and 4. Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines			
	part to provide any additional information	·		
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1/09/2010 3 34 PR	OULE I	(066
310015	SCHE	(Form

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection OMB No 1545-0047 2009

Employer identification number 43-1245831

		2							
		X Yes	red "Yes" to than \$5,000. Use	(h) Purpose of grant or assistance					<b>A</b>
43-1245831			inization answe received more	(g) Description of non-cash assistance					
43-12		assistance, and	olete if the orga o one recipient	(f) Method of valuation (book, FMV, appraisal, other)					
		ibility for the grants or a	ted States. Comp heck this box if n	(e) Amount of non-cash assistance					
		or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000 Check this box if no one recipient received more than \$5,000 ce is needed	(d) Amount of cash grant (e) Amount of non-cash assistance					
		ts or assista	Organize on Organize of the Or	(c) IRC section if applicable					
<b>E</b>	Assistance	amount of the grant 3-2 pring the use of grai	vernments and cipient that recent additional sp.	(b) EIN					ganizations
MUSIC ARTS INSTITUTE	Part i General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee: the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	<u> 7</u>	1 (a) Name and address of organization or government					2 Enter total number of section 501(c)(3) and government organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations

Schedule I (Form 990) 2009

31007 11/09/2010 3 34 PM

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 MUSIC ARTS INSTITUTE Part III Grants and Other Assistance to Individuals

ٽ ا	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
<del>-</del>		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
A TOHOU	מקמטאוו פרט ממדשממאורטירים		66 627			
SCROLLA	NSALES FOR CLASSES		120/20			
: :						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the informatio	n required in Part I, I	ne 2, and any other addition	nal information.

**SCHEDULE O** 

(Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

MUSIC ARTS INSTITUTE

Employer identification number 43-1245831

Form 990, Part III, Line 4d - All Other Achievements

ARTS EDUCATION FOR STUDENTS RAINGING IN AGE FROM GRADE

SCHOOL TO ADULT. CLASSES INCLUDE VOICE, PIANO, STRINGS

WOODWINDS, GUITAR, BRASS, CHOIR & KINDERMUSIK. STUDENTS

PERFORM IN RECITALS & CONCERT EVENTS WITH THE KANSAS CITY

SYMPHONY

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

# Form **4562**

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Name(s) shown on return

TMCTTTITE

Identifying number

	MUSIC A	KI2 INSIII	OIE					<u>  43-</u>	124	2021
	ss or activity to which this form relates									
	direct Depreciati		ambi Hadan Sa	-4i A	70		<del></del>		<del></del>	
Pa	rt 1 Election To Expens	-	-			comr	oloto Par	<b>4</b> I		
	Note: If you have a				eiore you	COM	nete Fai	<u> </u>	1	250,000
1	Maximum amount See the instruction Total cost of section 179 property pl			ses				ŀ	2	230,000
2	Threshold cost of section 179 property			etructions	z)			ŀ	3	800,000
4	Reduction in limitation Subtract line	-		30 dellons	•)			Ì	4	
5	Dollar limitation for tax year Subtract line		-	ned filma s	separately see	e instruc	tions	İ	5	
6	(a) Description		ioco, oricor o il mar		(business use			lected cost		
		<del></del>					••			
							-			
7	Listed property Enter the amount fr	om line 29	<u> </u>			7				
8	Total elected cost of section 179 pro		ın column (c), lines	s 6 and 7					8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8							9	
10	Carryover of disallowed deduction f	rom line 13 of your 20	008 Form 4562						10	
11	Business income limitation. Enter th	ne smaller of business	income (not less	than zero	o) or line 5 (s	ee inst	ructions)		11	
12	Section 179 expense deduction Ad	d lines 9 and 10, but	do not enter more	than line	11				12	
13	Carryover of disallowed deduction t				<u> </u>	13				
	Do not use Part II or Part III below f		<del> </del>							
Pa	rt II Special Depreciati						ude liste	d prope	rty)(	See instr)
14	Special depreciation allowance for o		er than listed prop	erty) plac	ced in service	9				057
	during the tax year (see instructions	•							14	857
15	Property subject to section 168(f)(1								15	6,499
16	Other depreciation (including ACRS		do listed prop	odv.) (	Soo inetru	otion	<u> </u>		16	0,499
Pa	rt III MACRS Depreciati	ion (Do not incid		ion A	see msuu	CHOH	5)	<del></del>		
	MACRS deductions for assets place	od in conico in tax vo							17	13,510
18	If you are electing to group any assets place	•			eral asset acco	nunts c	heck here	. 🗆		20,020
10		Assets Placed in Se							stem	
		(b) Month and year	(c) Basis for depri	eciation	(d) Recovery		· · · ·			
	(a) Classification of property	placed in service	(business/investm only-see instruc		period	(e) C	convention	(f) Meth	nod	(g) Depreciation deduction
 19a	3-year property		•	,						
ь	5-year property	]		145	5.0		HY	200	DB	29
С	7-year property			713	7.0		HY	200	DB	103
d	10-year property									
e	15-year property									
f	20-year property	]				<u> </u>				
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs	<u> </u>	MM	S/L		
	property				27 5 yrs	-	MM	S/L		
i	Nonresidential real	-			39 yrs		MM	S/L		
	property				L		MM	S/L		
		ssets Placed in Sen	rice During 2009	Tax Year	Using the /	Alterna	ative Depr		ystem	1 
20a_	Class life	-			10	├		S/L		
	12-year				12 yrs	$\vdash$	1414	S/L		
	40-year	tructions \	L		40 yrs	<u> </u>	MM	S/L		l
	set IV Summary (See ins								21	T
21	Listed property Enter amount from		see 10 and 20 in a	olumo (c)	and line 21	Enter	horo		41	
22	Total. Add amounts from line 12, line and on the appropriate lines of your	<u>-</u>				Liner	Here		22	20,998
23	For assets shown above and place				1311 40110113	ſ				20,330
23	portion of the basis attributable to s		o ourrent year, ent	1116		23	}			
	portion of the basis attributable to s		• • • • • • • • • • • • • • • • • • • •			·	·			