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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

SOCIETY FOR MUSIC THEORY

As Filed Data -

DLN: 93492217007161

D Employer identification number

13-3013019

OMB No 1545-1150

.990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 12-31-2010

Open to Public Inspection

_	ame ch ıtıal ret	The second secon	e E Telephone num	ber	
Te	mınat				
		City or town, state or country, and ZIP + 4 BLOOMINGTON, IN 47401 on pending	F Group Exemption Number ►	on	
G A c I We J Tax K Ch \$50 org L Add more,	count bsite Exempleck • 0,000 aniza	ing method Cash Accrual Other (specify) SOCIETYMUSICTHEORY ORG pt status(check only one)— 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 If the organization is not a section 509(a)(3) supporting organization and its gross of A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) tion chooses to file a return, be sure to file a complete return (5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total ass Form 990 instead of Form 990-EZ	may be required (s ets (Part II, line 25, co	ach Sch 90-EZ, c ally not ee instr umn (B) I	nedule B or 990-PF) more than uctions) But if the pelow) are \$500,000 or 86,197
	2	Program service revenue including government fees and contracts		2	16,344
	3	Membership dues and assessments		3	63,577
	4	Investment income		4	416
	5a	Gross amount from sale of assets other than inventory 5a			
<u>o</u>	ь	Less cost or other basis and sales expenses 5b		1	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
Š S	6	Gaming and fundraising events			
_	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	I		
	b	Gross income from fundraising events (not including \$ _of contributions from fundrais reported on line 1) (attach Schedule G if the sum of such gross income and contribut \$15,000)	-		
	С	Less direct expenses from gaming and fundraising events 6c		-	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and su	ıbtract lıne 6c) I	6d	
	7a	Gross sales of inventory, less returns and allowances		1 1	
	b	Less cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	70
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	86,197
	10	Grants and similar amounts paid (list in Schedule O)	•	10	12,733
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
S S S	13	Professional fees and other payments to independent contractors		13	51,914
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
EX	15	Printing, publications, postage, and shipping		15	8,108
	16	Other expenses (describe in Schedule O)	•	16	43,011
	17	Total expenses. Add lines 10 through 16		17	115,766
5	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-29,569
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	ee with		
ئر ور		end-of-year figure reported on prior year's return)		19	203,029
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	173,460

Check if the organization use	d Schadula O to recoond to	any guastian in t	hic Part II		
Check if the organization use	a schedule o to respond to	any question in t	ilis Pait II		,
(See the instruc	ctions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			203,029	22	173,460
23 Land and buildings				23	
24 Other assets (describe in Schedule C))			24	
25 Total assets			203,029	25	173,460
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27	of column (B) must agree wı	th line 21) .	203,029	27	173,460
Part III Statement of Program	-		_		Expenses
Check if the organization use		any question in t	this Part III . 🔽	1 '	quired for section 501 (3) and 501(c)(4)
What is the organization's primary exemp SCHOLARLY SOCIETY TO PROMOTE M		PAY MEMBERSE	HIP DUES		anizations and section
Describe what was achieved in carrying o					47(a)(1) trusts, ional for others)
describe the services provided, the numb	<u>-</u>	•	•	Opt	ional for others)
program title 28 See Additional Data Table				+-	1
26 See Additional Data Table					
(Curuta da)					
<u> </u>	nis amount includes foreign	grants, check nei	re F	28a	
29					
(0)					
· , ,	nis amount includes foreign	grants, check hei	re 🕨 🦵	29a	
30					
· <u>·</u>	nis amount includes foreign	grants, check hei	re 🟲 🦵	30a	
31 O ther program services (describe in S (Grants \$)	chedule O) nis amount includes foreign	 grants chack had		21-	
32 Total program service expenses (add li		grants, eneck nei		31a 32	92,230
Part IV List of Officers, Directors, Tr		List each one even i	f not compensated (See the ins		· · · · · · · · · · · · · · · · · · ·
Check if the organization use	d Schedule O to respond to	any question in t	his Part IV		<u> </u>
	(b) Title and average	(c) Compensa	1		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid enter -0)			account and other allowances
			,		
See Additional Data Table					
				-	

	Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
504	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		N o
L	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	30a		110
		-		
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9 39a	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		Νo
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 NY			
42a	The organization's books are in care of FERIC ISAACSON Telephone no	(81	2)855	-0296
	INDIANA UNIVERSITY JACOBS SCHOOL 1201 EAST THIRD ST Located at ► BLOOMINGTON, IN ZIP + 4	▶ 47	7405	
h	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕒			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·		▶ 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
h	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			10
U	instead of Form990-EZ	114		NI -
	Did the agent to the second and agent to the second and the second	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?			l <u>.</u> .
_		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	1111		

Form 990-EZ (2010)							Page
						Yes	No
45 Is any related organization a conti 'Yes,' Form 990 and Schedule R mus	•		fsection 512	2(b)(13)? <i>If</i>	45		No
15a Did the organization receive any p meaning of section 512(b)(13)? It		•		•	45-		N
Did the organization engage, direc candidates for public office? If "Ye	ly or indirectly, in political	campaign activities on b			45a		No
Part VI Section 501(c)(3) or	, , , , , , , , , , , , , , , , , , ,		exemnt c	haritable tri	46 usts (nnlv	No
All section 501(c)(3) or 47-49b and 52.							stions —
Check if the organization u	sed Schedule O to respond	to any question in this F	Part VI .			V	, [
						Yes	No
7 Did the organization engage in lob	ying activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		No
8 Is the organization a school descr	bed in section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		No
9a Did the organization make any tra	sfers to an exempt non-ch	arıtable related organıza	tion?		49a		No
b If "Yes," was the related organizat	on a section 527 organizat	ion?			49b		
O Complete this table for the organiz				•			
employees) who each received mo	(h) Title and average	nsation from the organiz		ributions to		e) Expe	ns e
(a) Name and address of each employed paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee b	penefit plans & compensation	a	count er allowa	and
	devoted to position		deterred c	ompensation	Othe	i unow	111003
ONE							
50(f) Total number of other employees	, ,		ractors who e	•	•	an \$10	0.000
Complete this table for the organization from the organization from the organization Name and address of each independent.	ation's five highest comper tion If there is none, enter	"None"	1	■ each received n		an \$10 Compen	
 Complete this table for the organization from the organization from the organization of compensation from the organization. 	ation's five highest comper tion If there is none, enter	"None"	1				
 Complete this table for the organization from the organization from the organization of compensation from the organization. 	ation's five highest comper tion If there is none, enter	"None"	1				
 Complete this table for the organization from the organization from the organization of compensation from the organization. 	ation's five highest comper tion If there is none, enter	"None"	1				
Complete this table for the organiza of compensation from the organiza (a) Name and address of each inde	ation's five highest comper tion If there is none, enter pendent contractor paid mo	"None " ore than \$100,000	1				
Complete this table for the organization from the organization from the organization from the organization of a name and address of each independent of other independent.	ation's five highest compertion. If there is none, enter pendent contractor paid months at contractors each receiving the contractors.	"None " pre than \$100,000 ing over \$100,000 .	(b) Type	ofservice	(c) C	Compen	sation
1 Complete this table for the organiza of compensation from the organiza (a) Name and address of each independent of the organization complete Smust attach a completed Scheducker of the organization correct, and organization correct corr	ation's five highest compertion. If there is none, enterpendent contractor paid months at contractors each receiving the dule A? NOTE: All Sections at the contractors each receiving the A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	a of service	npt cha	aritable fes	trusts
1 Complete this table for the organiza of compensation from the organiza (a) Name and address of each independence ONE 1(d) Total number of other independence of the organization complete Smust attach a completed Schedence of perjury, I declare that I owledge and belief, it is true, correct, an owledge.	ation's five highest compertion. If there is none, enterpendent contractor paid months at contractors each receiving the dule A? NOTE: All Sections at the contractors each receiving the A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	(a)(1) nonexer	npt cha	aritable fes	trusts
1 Complete this table for the organiza of compensation from the organiza (a) Name and address of each independence ONE 1(d) Total number of other independence of the organization complete Smust attach a completed Schedence of the organization completed of the organization completed schedence or	ation's five highest compertion. If there is none, enterpendent contractor paid months at contractors each receiving the dule A? NOTE: All Sections at the contractors each receiving the A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer (a)(1) information of	npt cha	aritable fes	trusts
Complete this table for the organiza of compensation from the organiza (a) Name and address of each indeed on the organization complete Source of the organization complete Source of the organization complete Source of the organization complete organization compl	ation's five highest compertion. If there is none, enterpendent contractor paid months at contractors each receiving the dule A? NOTE: All Sections at the contractors each receiving the A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer (a)(1) information of	npt cha	aritable fes	trusts
Complete this table for the organization from the organization from the organization (a) Name and address of each independence of the organization complete Section of the organization o	ation's five highest compertion. If there is none, enter pendent contractor paid months at contractors each receiving the dule A? NOTE: All Section of professions of professions.	"None " ore than \$100,000 on 501(c)(3) organization of the companying scheparer (other than officer) orate O11-08-05 Charten OC Selection of the companying scheparer (other than officer)	(b) Type ons and 4947 edules and state is based on a	a of service (a)(1) nonexer (a)(1) information of	npt cha	aritable fes stof my prepare	trusts No
Complete this table for the organization from the organization from the organization (a) Name and address of each independence of the complete of the organization complete organization c	ation's five highest compertion. If there is none, enter pendent contractor paid months at contractors each receiving the dule A? NOTE: All Section of professions of professions.	"None " ore than \$100,000 on 501(c)(3) organization of the companying scheparer (other than officer) orate O11-08-05 Charten OC Selection of the companying scheparer (other than officer)	eck if	r of service (a)(1) nonexer atements, and to li information of the literature of t	npt cha	aritable fes stof my prepare	trusts No
Complete this table for the organization from the organization from the organization (a) Name and address of each independence of the independence of the organization complete Signature of other independence of the o	ation's five highest compertion. If there is none, enterpendent contractor paid months at contractors each receiving the dule A? NOTE: All Section of complete. Declaration of products and complete are contractors.	"None " ore than \$100,000 on 501(c)(3) organization of the companying scheparer (other than officer) orate O11-08-05 Charten OC Selection of the companying scheparer (other than officer)	eck if	r of service (a)(1) nonexer (a)(1) nonexer atements, and to ill information of	npt cha ver ident	aritable fes st of my prepare	trusts No

DLN: 93492217007161

13-3013019

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization SOCIETY FOR MUSIC THEORY

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number

	organı		•	e foundation becaus	•			•	•				
1	<u> </u>		•	on of churches, or as				ection 170(b)(1)(A)(i).				
2	<u> </u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state											
5	Γ	An orga	nızatıon op	erated for the benefit	t of a college	or universi	ty owned or o	perated by	a governmen	tal unit	: describ	ed in	
		section	170(b)(1)(A)(iv). (Complete P	art II)								
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).				
7	Γ	describ	ed ın	at normally receives A)(vi) (Complete P		ıl part of ıts	support from	a governm	ental unit or f	rom the	e genera	l public	c
8	Г			described in section	-	A)(vi) (Cor	nplete Part II)					
9	৾৴			at normally receives					ibutions, men	nbershi	ıp fees. a	and aro	SS
-	'	_		ities related to its ex								_	
				oss investment incoi	•	-			, ,				
			_	janızatıon after June				•		,			
.0	Г			, ganized and operated									
.1	Ė	_	-	, ganized and operated	•		•			o carry	out the	purpo	ses of
	·	one or i	more public	ly supported organiza	ations descri	ıbed ın secti	ion 509(a)(1)	orsection	509(a)(2) S				
				bes the type of supp						. –			
	_		Type I	b Type I			: - Functionall			•	Type II		
e	ı		-	ox, I certify that the on managers and oth	-								
			509(a)(2)	on managers and ou	iei tiiaii one	or more pub	nicly supporte	su Organiza	itions describ	eu iii s	ection 5	0 3 (a)(1 / 01
f				received a written de	etermination	from the IR	S that it is a 1	Гуре І, Тур	e II or Type	III sup	porting	organız	zatio <u>n,</u>
		checkt			_			_					Г
g			-	2006, has the organi	zatıon accep	ited any gift	or contribution	on from any	of the				
			g persons? rson who di	rectly or indirectly c	ontrols, eithe	eralone ort	ogether with i	persons de	scribed in (ii)			Yes	No
				governing body of th				30130113 40	3 C		11g(i)		110
			•	er of a person descri		_	2011				11g(ii)		
			•	led entity of a person			hove?				11g(iii)		
h				ng information about							119(III)	<u> </u>	
••		TTOVIGE	the lollowin	ig illiorillation about	the supporte	a organizat	1011(3)						
				(iii)	(i)								
				Type of	(iv) Is the		(v)		(vi				
	(i))		organization	organizati		Did you not	•	Is th			(1	/ii)
	Name		(ii)	(described on	col (ı) lıst	ted ın	organizati col (i) of		organiza		.	-	unt of
	suppo		EIN	lines 1-9 above or IRC section	your gove		suppor	•	col (ı) orç ın the U		' I		port
01	ganiz	ation		(see	docume	nt?	Заррог		"" "" "				
				instructions))	Yes	No	Yes	No	Yes	No	,		
ota	ı												

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	o. gameadon i	ano to quanty o			acc complete	
				1			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
	grants ")			+			
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	, (f)						
6	Public Support. Subtract line 5 from						
	line 4						
S	ection B. Total Support						
	endar year (or fiscal year beginning	(a) 2006	/b) 2007	(a) 2008	(4) 2000	(a) 2010	/6\ Total
	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
4.7	through 10)	as ata (Casunat	rustions \				
12	Gross receipts from related activition					12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or t	fifth tax year as a !	501(c)(3) organı	'
	check this box and stop here						►
	ection C. Computation of Pub					, , , , , , , , , , , , , , , , , , , 	
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
162	33 1/3% support test - 2010. If the			v on line 13 and	lina 14 is 33 1/20%		this box
IUa	and stop here. The organization qua				illie 14 is 33 1/370	or more, check	▶ □
h	33 1/3% support test—2009. If the	•			sa and line 15 is 3	3 1/3% or more	
	box and stop here. The organization	•			, a, and this 13 is a	. 5 1,5 % OF HIOTE,	, check this ▶□
17a	10%-facts-and-circumstances test-				ne 13.16a or 16h	and line 14	F
_, u	is 10% or more, and if the organizat	•			, ,		
	in Part IV how the organization mee						rted
	organization	the facts and		organiz	444111165 45	_ pasci, suppoi	▶ □
ь	10%-facts-and-circumstances test-	-2009. If the oras	anization did not o	check a box on li	ne 13, 16a. 16b. o	r 17a and line	• •
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	у
	supported organization				- ·	•	▶ □
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this l	box and see	
	instructions						▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ection A. Public Support						
Cale	endar year (or fiscal year beginning in) 🟲	g (a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	ot 160,252	17,985	58,060	5,766	5,790	247,85
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished i any activity that is related to the organization's tax-exempt purpose	n 20,742	116,942	48,515	123,119	79,991	389,30
3	Gross receipts from activities that are not an unrelated trade or business under section 513	t					
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 the organization without charge						
6	Total. Add lines 1 through 5	180,994	134,927	106,575	128,885	85,781	637,16
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	1,790	1,920	1,920	1,210	1,650	8,49
b	Amounts included on lines 2 and received from other than disqualified persons that exceed the greater of \$5,000 or 1% of th						
_	amount on line 13 for the year Add lines 7a and 7b	1,790	1,920	1,920	1,210	1,650	8,49
8	Public Support (Subtract line 7c from line 6)	2,150	2,525	2,523		2,000	628,67
Se	ection B. Total Support			_		_	
Cale	e ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) ⊤otal
9	A mounts from line 6	180,994	134,927	106,575	128,885	85,781	637,16
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,604	3,108	2,481	2,248	416	10,85
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,604	3,108	2,481	2,248	416	10,85
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,	183,598	138,035	109,056	131,133	86,197	648,01
14	11 and 12) First Five Years If the Form 990 is check this box and stop here	L L s for the organizatio	n's first, second,	thırd, fourth, or f	 fth tax year as a	section501(c)(3) organization, ▶
Se	ection C. Computation of Pu	blic Support Pe	rcentage				
15	Public Support Percentage for 20			3 column (f))		15	97 010 %
16	Public support percentage from 2	009 Schedule A, Pa	rt III, line 15			16	96 700 %
Se	ection D. Computation of In						
17	Investment income percentage fo	r 2010 (line 10c col	umn (f) divided by	line 13 column	(f))	17	2 000 %
18	Investment income percentage fr	om 2009 Schedule A	, Part III, line 17	,		18	2 000 %
	33 1/3% support tests-2010. If t	ha arganization did	not chack the hox	on line 14 and	lina 15 is mora t	han 33 1/3% and	line 17 is not

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93492217007161

OMB No 1545-0047

2010

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization SOCIETY FOR MUSIC THEORY

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

13-3013019

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	CASH BACK ON CC POINTS 70 TOTAL 70

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES SUPPLIES 115 WEBSITE 404 OFFICE 115 TRAVEL 11,954 SPEAKER TRAVEL 1,328 SUPPLIES 1,231 CONFERENCE FACILITIES 25,450 MISC CONFERENCE EXPENSE 846 NY STATE FILING FEE 50 MEMBERSHIPS 1,347 BANK FEES 1 MISCELLANEOUS 170 TOTAL 43,011

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	PUBLISH MUSIC THEORY SPECTRUM (SCHOLARLY JOURNAL) THROUGH UNIVERSITY OF CA PRESS, PUBLISH MUSIC THEORY ON-LINE (SCHOLARLY ON-LINE JOURNAL), MAINTAIN WEBPAGE, PROVIDE OTHER ON-LINE SERVICES, LISTSERVE

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	DIVERSITY TRAVEL GRANTS (TO DEFRAY TRAVEL COSTS TO NATIONAL CONFERENCE FOR MINORITY STUDENTS) PUBLICATION SUBVENTION (TO DEFRAY COSTS OF PUBLISHING WORTHY SCHOLARLY BOOKS) PUBLICATION AWARDS (TO RECOGNIZE EXCELLENCE IN SCHOLARLY PUBLICATION)

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492217007161

TY 2010 Compensation Explanation

Name: SOCIETY FOR MUSIC THEORY

EIN: 13-3013019

Person Name	Explanation			
LYNNE ROGERS				
DA VID SMYTH				
DORA HANNINEN				
BRIAN ALEGANT				
MICHAEL KLEIN				
RAMON SATYENDRA				
MARY ARLIN	AMOUNT PAID TO UNIVERSITY OF CHICAGO FOR MS LONGS TIME			
DEBORAH STEIN				
DA PHNE LEONG				
ELIZABETH MARGULIS				

Software ID: Software Version:

EIN: 13-3013019

Name: SOCIETY FOR MUSIC THEORY

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
PRESS, PUBLISH MUSIC T PROVIDE OTHER ON-LIN	RY SPECTRUM (SCHOLARLY JOURNAL) THROUGH UNIVERSITY OF CA HEORY ON-LINE (SCHOLARLY ON-LINE JOURNAL), MAINTAIN WEBPA E SERVICES, LISTSERVE If this amount includes foreign grants, check here •	GE,	40,914	
	UTE SOCIETY NEWSLETTER TO MEMBERS, DISTRIBUTE BALLOTS, ION AND MEMBERSHIP DIRECTORY If this amount includes foreign grants, check here ▶	-	6,344	
30 HOST ANNUAL SCHOLA (Grants \$)	ARLY CONFERENCE, COVER PROGRAM COMMITTEE EXPENSES (TRAV If this amount includes foreign grants, check here ▶		38,092	
MINORITY STUDENTS) PL SCHOLARLY BOOKS) PUB PUBLICATION)	NTS (TO DEFRAY TRAVEL COSTS TO NATIONAL CONFERENCE FOR IBLICATION SUBVENTION (TO DEFRAY COSTS OF PUBLISHING WORLICATION AWARDS (TO RECOGNIZE EXCELLENCE IN SCHOLARLY If this amount includes foreign grants, check here	гн y	6,880	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LYNNE ROGERS DEPT OF MUSIC WILLIAM PATERSON UNIV 300 POMPTON RD WAYNE,NJ 07470	PRESIDENT 25 00	0		
DAVID SMYTH 102 SCHOOL OF MUSIC LOUISIANA ST UNIVERSITY BATON ROUGE, LA 70803	TREASURER 4 00	0		
DORA HANNINEN D UNIV OF MARYLAND SCHOOL OF MUSIC 2110 CLARICE SMITH PERFARTS CENTER COLLEGE PARK, MD 20742	DIRECTOR 1 00	0		
BRIAN ALEGANT D BIBBINS HALL 211 OBERLIN COLLEGE OBERLLIN,OH 44074	DIRECTOR 1 00	0		
MICHAEL KLEIN TEMPLE UNIVERSITY ESTHER BOYER COLL OF MUSIC AND DANC PHILADELPHIA, PA 19122	DIRECTOR 1 00	0		
RAMON SATYENDRA (E) U OF MI EV MOORE BUILDING 1100 BAITS DR ANN ARBOR,MI 481092085	DIRECTOR 1 00	0		
MARY ARLIN ITHACA COLLEGE DEPARTMENT OF MUSIC ITHACA,NY 148507002	SECRETARY 2 15	0		
DEBORAH STEIN 📆 36 BROOKDALE ST ROSLINDALE,MA 02131	VICE PRESIDE 3 50	0		
DAPHNE LEONG 913 VETCH CIR LAFAYETTE, CO 80026	DIRECTOR 1 00	0		
ELIZABETH MARGULIS 221 E LAFAYETTE ST APT 103 FAYETTEVILLE, AR 72701	DIRECTOR 1 00	0		