

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



# Form **990**

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)

OMB No 1545-0047

Open to Public Inspection

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

A F	or the	= 2010 calendar year, or tax year beginning $=$ JUL $=$ 1, $=$ 2010 $=$ and en	ding J	UN 30, 2011	
B c	heck if pplicable	THE BROOKLIN QUEENS CONSERVATORY OF		D Employer identific	cation number
<u>_</u>	Addre	MUSIC			
	Name change		11-1	532426	
	]Initial return	Number and street (or P 0 box if mail is not delivered to street address)	om/suite	E Telephone numbe	
	Termir ated	58 SEVENTH AVENUE		718–	622-3300
		City or town, state or country, and ZIP + 4		G Gross receipts \$	2,756,043.
	Applic	DROOKEIN, NI 11217 3000		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer: KAREN GEER		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	luded? Yes No
1 1	ax-exe	empt status: X 501(c)(3)	<b>527</b>	If "No," attach a	list (see instructions)
		te: ► WWW.BQCM.ORG		H(c) Group exemptio	n number 🕨
		organization X Corporation	L Year		State of legal domicile NY
	ert I	Summary		· · · · · · · · · · · · · · · · · · ·	
سسسا		Briefly describe the organization's mission or most significant activities: See Sc	chedu	le 0	
Governance					
ī.	2	Check this box  if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets.
Še		Number of voting members of the governing body (Part VI, line 1a)		3	7
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities &	1	Total number of individuals employed in calendar <u>year 201</u> 0 (Part V, line 2a)		5	213
Ę.				6	7
Ę		Total number of volunteers (estimate if necessary)	7	7a	0.
ĕ		Total unrelated business revenue from Part VIII, column (C), line 22 V L	.1	7b	0.
	- D	Net unrelated business taxable income from Form 990-T, line 34	<del>}                                     </del>	Prior Year	Current Year
		[111]		404,341.	653,759.
ne	1	Contributions and grants (Part VIII, line 1h)	¥	2,028,832.	2,050,280.
Revenue		Program service revenue (Fart VIII, III e 29)	1 -	976.	2,030,280.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>!</b>	34,703.	51,707.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		2,756,043.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,468,852.	
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	<u> </u>	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			
es	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,190,016.	1,854,920.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)  130, 494	<u>4 •  </u>		0.5.5.5.00
w	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	615,058.	876,503.
	18	Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)		2,805,074.	2,731,423.
	19	Revenue less expenses. Subtract line 18 from line 12		-336,222.	24,620.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,082,684.	2,271,257.
d As	21	Total liabilities (Part X, line 26)	<u> </u>	726,638.	890,591.
홢	22	Net assets or fund balances. Subtract line 21 from line 20		1,356,046.	1,380,666.
Pa	art II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge	
		, /1			
Sig	n	Signature of officer		Date	-11 10
Her	re	KAREN GEER, EXECUTIVE DIRECTOR			11-12
		Type or print name and title			
	•	Print/Type preparer's name Preparer's signature,	חב	C 29 2011	PTIN
Pan	1	Kevin Sunkel	( UF	C & J Zuji seif-employ	ed
	parer	Firm's name Dowen J Flanagan & Co	1 '	Firm's EIN	
	Only	Firm's address 60 East 42nd Street			
320		New York, NY 10165		Phone no 2	12-682-2783
Ma	v tha l	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

	Ĺ	1
11-153	32426	Page 2
		X
TH THRO	UGH	
TION AN	1D	
NSERVAT	ORY	
DS AND	SKILL	
	Yes	XNo
?	Yes	XNo
xpenses.		
f grants and		

Fai	R IN Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:  MUE CONCERNATION PROMOTER INDIVIDUAL AND COMMUNITY CROWN THROUGH	
	THE CONSERVATORY PROMOTES INDIVIDUAL AND COMMUNITY GROWTH THROUGH	
	MUSIC. BY PRESENTING FREE AND SUBSIDIZED MUSIC INSTRUCTION AND	
	CONCERTS IN ITS FACILITIES AND IN THE COMMUNITY, THE CONSERVATORY	
	MAKES MUSIC ACCESSIBLE TO PEOPLE OF ALL AGES, BACKGROUNDS AND SKILL	
2	Did the organization undertake any significant program services during the year which were not listed on	ਓ
	the prior Form 990 or 990-EZ?	∆ No
	If "Yes," describe these new services on Schedule O.	ਓ
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∆ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	00
4a	(Code) (Expenses \$ 2,052,474 . including grants of \$) (Revenue \$ 2,050,2	
	THROUGH OUR ONSITE MUSIC PROGRAMS, MUSIC IS MADE ACCESSIBLE TO 1,100	
	STUDENTS OF ALL AGES, BACKGROUNDS AND SKILL LEVELS AT LITTLE OR NO	
	COST. STUDENTS RECEIVE INDIVIDUAL AND GROUP MUSIC INSTRUCTION IN	
	MULTIPLE GENRES INCLUDING CLASSICAL, OPERA, JAZZ, R&B, POP,	
	CONTEMPORARY, WORLD MUSIC SUCH AS AFRICAN DRUMMING AND ARGENTINEAN	<del></del>
	TANGO, EARLY CHILDHOOD DEVELOPMENT MUSIC AND MOVEMENT, AND TECHNOLOG	<u> .                                    </u>
	WE ALSO OFFER MUSIC THERAPY TO ADULTS AND CHILDREN. WE PROVIDE A	
	NURTURING ENVIRONMENT THAT PROMOTES AND PERSONIFIES EXCELLENCE,	<u> </u>
	COLLABORATION AND COMMUNITY FOR INDIVIDUALS ENGAGED IN PERFORMING AN MUSIC EDUCATION. MANY OF OUR PROGRAMS ARE SUBSIDIZED THROUGH GRANTS	
	AND WE OFFER OVER 200 NEED-BASED AND MERIT SCHOLARSHIPS. OUR DISTINGUISHED FACULTY MEMBERS HOLD ADVANCED DEGREES FROM THE FINEST	<del></del>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—— '
		<del></del>
		-
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
	/(2000 /(200000 V motoring g.time or V	·
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 2,052,474.	
	Form 990	0 (2010)

See Schedule O for Continuation(s)

Dort IV	Checklist of Required Schedules	Τ
LOLD FA	Cileckiist of Required Schedules	

			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	_ 3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
u	Part VI	11a	Х	İ
h	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	11b		Х
c	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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	[		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Į		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	1		1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	<u> </u>
		Form	990	(2010

Form	990 (2010) MUSIC 11-1532	426	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	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 Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١.,	•	v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
a		1		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2010)
		1 01111	220	(EU 10)

11-1532426

Page 5

Par				
	Check if Schedule O contains a response to any question in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	7	163	140
		ס		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 21	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	L	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	X
-	any contributions that were not tax deductible?	6a	<del></del>	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6.		
_	were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,,,,		<del></del>
·	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  11a	┪		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1.20	<del> </del>	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	-		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
		Form	990	(2010)

032005

Form 990 (2010)

MUSIC

11-1532426

Page 6

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in schedule o	oce i	nsuocuons.	•			
	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
			ı	-1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a					
b	Enter the number of voting members included in line 1a, above, who are independent	1b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	dire	ct supervision	on			
	of officers, directors or trustees, or key employees to a management company or other person?				3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		1	5		X
6	Does the organization have members or stockholders?			}	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	nber	s of the				.,
	governing body?			}	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers			ļ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	luring	the year				
	by the following:						
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Code)				
				ŗ		Yes	No
	Does the organization have local chapters, branches, or affiliates?			1	10a		<u>X</u>
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such or	hapt	ers, affiliate	s, į			
	and branches to ensure their operations are consistent with those of the organization?				10b	v	
	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ng th	e form?	-	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d giv	e rise			v	
	to conflicts?			ŀ	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	res,"	describe			v	
	In Schedule O how this is done			ŀ	12c	X	
13	Does the organization have a written whistleblower policy?			ŀ	13	X	
14	Does the organization have a written document retention and destruction policy?				14		
15	Did the process for determining compensation of the following persons include a review and approval	by II	ndependent	ľ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>
b	Other officers or key employees of the organization				15b	X	ļ <u>.</u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent v	with a		46		v
_	taxable entity during the year?	4			16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation		•	tion			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	nızat	ion's		401	1	
	exempt status with respect to such arrangements?				16b		<u> </u>
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY	/FO4	(-)(O) b A		£		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Ου)	(C)(S)S ONIY)	avallable	ior		
	public inspection. Indicate how you make these available. Check all that apply.						
40	Own website X Another's website X Upon request			malian es	- ساگاس	احتمم	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	OULUC	i or interest	policy, ar	ia tina	ıncıal	
^^	statements available to the public.	اس	ande ekk		<b>.</b>		
20	State the name, physical address, and telephone number of the person who possesses the books and The Organization - 718-622-3300	u rec	oras of the	organizat	ion: 🕨		
	58 SEVENTH AVENUE, BROOKLYN, NY 11217-3608						
	55 SEVERTH AVERSE, BROOKEIN, NI 11217-5000			<del></del>	Form	ggn	(2010)
					1 01111	200	\_U:U/

032006 12-21-1

# Form 990 (2010) MUSIC 11-1. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizati	on nor any related	orga	niza			nper	nsat	1		<del></del>
(A)	(B)	ļ		(C				(D)	(E)	(F)
Name and Title	Average	١,.		Pos			ı. A	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer	-	Highest compensated of employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GEORGE E. BADECKER						-	_			
CHAIRPERSON	5.00	X		X	1			0.	0.	0.
MICHAEL F. SCHWARTZ										
VICE CHAIRPERSON	1.00	Х	1	X				0.	0.	0.
JERRI SINES MAYER					-					
SECRETARY	2.00	X		Х				0.	0.	0.
ANDREA KNUTSON										
TREASURER	1.00	X		X			ļ	0.	0.	0.
STEVE E. GLASS										
TRUSTEE	1.00	Х	ļ					0.	0.	0.
PHYLLIS WHITE THORNE							<u> </u>			
TRUSTEE	1.00	X						0.	0.	0.
MATTHEW H. TYE										
TRUSTEE	1.00	X						0.	0.	0.
KAREN GEER										
EXECUTIVE DIRECTOR	40.00			X		-		0.	0.	0.
						-				
									-	

032007 12-21-10

11-1532426 Page 8

	990 (2010) MUSIC									11-1	<u>5324</u>	126	Pa	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Ti	ustees, Key E	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average				C)			( <b>D</b> ) Reportable	(E) Reportable	,		(F) mate	d
		hours per week (describe hours for related organizations in Schedule O)	al trustee or director	hecitational frustee	c all 1		Highest compensated employee		compensation from the	compensation from related organization (W-2/1099-MIS	on d is	amo comp fro organ	ther ensate m the nizate relate	of cion cion con
		<u> </u>												
			_									· · · · ·		
		-											<u>.                                      </u>	
1 b	Sub-total		1	<u> </u>	l	I	<b></b>	l	0.	<u> </u>	0.			0.
C	Total from continuation sheets to Part	VII, Section A					•		0.	<del> </del>	0.			0.
	Total (add lines 1b and 1c)			1			<u> </u>	·	0.		0.			0 .
2	Total number of individuals (including but compensation from the organization	not limited to t	nose	) IIST	ed a	DOV	e) W	no r	received more than \$10	0,000 in reportab	ie			(
								_				,	Yes	No
3	Did the organization list any former office	-		e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on	ľ			Х
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the			omn	ens	atio	n an	d ot	ther compensation from	the organization		3		<u></u>
•	and related organizations greater than \$1											4	]	Х
5	Did any person listed on line 1a receive o	•						relat	ted organization or indiv	ridual for services	3			17
	rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	per	son			•	1	5		X
1	etion B. Independent Contractors  Complete this table for your five highest of	compensated in	dep	ende	ent c	cont	racte	ors 1	that received more than	\$100,000 of cor	npensa	ation fro	om	
	the organization.													
	(A) Name and busines	s address							(B) Description of	services	C	( <b>C</b> ) ompen		n
OA	I ASSOCIATES		-						<u> </u>			<u> </u>		
<u>28</u>	01 M STREET, NW, WASH	INGTON,	DC	2	00	07		-	STRATEGIC PI	ANNING		183	3,5	58
				-										
		(c. d. d.												
2	Total number of independent contractors \$100,000 in compensation from the organ		not l	ımıte	ed to	the	ose II 1	ste	a above) who received i	nore than				
	The state of the s								<del>.</del>			Form 9	90 c	2010

032008 12-21-10

MUSIC

11-1532426 Page 9

Pa	rt \	/111	Statement of Rever	nue		(A)	(B)	(C)	(D) Revenue
						Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
ts s	1	а	Federated campaigns	1a					
e a		b	Membership dues	1b					
is, c		С	Fundraising events	1c					
a gi		d	Related organizations	1d					
S.E		е	Government grants (contribut	ions) 1e	116,698.				
er S		f	All other contributions, gifts, gran						
휼			similar amounts not included abo	ve 1f	537,061.				
Contributions, gifts, grants and other similar amounts		_	Noncash contributions included in lines	1a-1f \$		652 750			
C		<u>h</u>	Total. Add lines 1a-1f		<b>D</b>	653,759.			1427-1
			TUITION INCOME		Business Code 611600	1,504,909.	1 504 909		
vice	2	a b	MUSIC PARTNERS	FFFS	611710	529.545	529,545.		
Ser		C	CONCERT REVENUE		711130	15,826.			
me S		d	CONCERN REVENUE	<u> </u>	, , , , , ,	20,0200			
Program Service Revenue									
g.		f	All other program service reve	enue					
		9			<b></b>	2,050,280.			
	3	,	Investment income (including	dividends, intere	est, and				
			other similar amounts)		<b>•</b>	297.			297.
	4		Income from investment of ta	x-exempt bond p	proceeds >				
	5	i	Royalties		<u> </u>		············		
				(i) Real	(II) Personal	•			
	6	а	Gross Rents	12,072.					
			Less: rental expenses	12,072.					
			Rental income or (loss)	12,012.	<b>•</b>	12,072.			12,072.
	١,		Net rental income or (loss)  Gross amount from sales of	(ı) Securities	(II) Other	12,0,23			
	<b>'</b>	u	assets other than inventory	(i) occurries	(ii) Other				
		ь	Less. cost or other basis	-					
		_	and sales expenses						
		С	Gain or (loss)			]			
		d	Net gain or (loss)		<u> </u>				
ē	8	a	Gross income from fundraising	•					
en			including \$						
Other Revenue			contributions reported on line	e 1c). See					
je			Part IV, line 18	a		-			
ਠੋ			Less: direct expenses	b		1			
	١,		Net income or (loss) from fundamental Gross income from gaming at				ļ		
	*	, a	Part IV, line 19	a .					
		b	Less: direct expenses						
			Net income or (loss) from gar	_	<b>•</b>	1			
	10		Gross sales of inventory, less						
			and allowances	а					
		b	Less: cost of goods sold	b					
	<u> </u>	С	Net income or (loss) from sale	es of inventory	<u> </u>				
			Miscellaneous Reveni	ue	Business Code				20 605
	11	l a	OTHER		900099	39,635.			39,635.
		b					<del> </del>	<del></del>	1
		C	All 41				-	***	
		d	All other revenue			39,635.			
	12	e	Total. Add lines 11a-11d Total revenue. See instructions			2,756,043	2,050,280.	0.	52,004.
0320 12-2			TOTAL TOTOLING. OGG IIISTINGTIONS			_,,	_,,,		Form <b>990</b> (2010)

MUSIC

# Part IX Statement of Functional Expenses

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

	Section 50 i (c)(. All other organizations must comp	3) and 501(c)(4) organizat olete column (A) but are i			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				H
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48,132.	16,044.	16,044.	16,044.
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	1,630,499.	1,337,637.	271,131.	21,731.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	56,560.	45,921.	9,570.	1,069. 2,681.
10	Payroll taxes	119,729.	96,572.	20,476.	2,681.
11	Fees for services (non-employees):				
а	Management			1 000	·—
b	Legal	1,200.	40.000	1,200.	7 701
С	Accounting	97,178.	40,808.	48,589.	7,781.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	005 100	104 700	61 000	61 100
g	Other	227,193.	104,733.	61,280.	61,180.
12	Advertising and promotion	70,575.	59,383.	8,746.	2,446.
13	Office expenses	69,337.	61,630.	6,044.	1,663.
14	Information technology				
15	Royalties	127 264	04 507	25 005	6 072
16	Occupancy	137,364.	94,507.	35,885.	6,972.
17	Travel				
18	Payments of travel or entertainment expenses	:			
	for any federal, state, or local public officials	16 212	0 270	7 101	212
19	Conferences, conventions, and meetings	16,713.	9,379.	7,121.	213.
20	Interest				
21	Payments to affiliates	107 500	72.067	20 055	F 407
22	Depreciation, depletion, and amortization	107,509.	73,967.	28,055.	5,487.
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
а	amount, list line 24f expenses on Schedule 0) MAINTENANCE AND REPAIRS	58,383.	55,500.	1,853.	1,030.
j L	MISCELLANEOUS	45,713.	12,274.	31,242.	2,197.
0	CREDIT CARD AND COLLECT	45,338.	44,119.	1,219.	
d		10,000		-,	
e					-
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,731,423.	2,052,474.	548,455.	130,494.
26	Joint costs. Check here Inf following SOP				
20	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Johnstation				Form <b>990</b> (2010)

032010 12-21-10

Form **990** (2010)

Form 990 (2010)

	1 2 3	Cash · non-interest-bearing		(A) Beginning of year		(B)
	2 3	<del>-</del>				End of year
	3				1	107,233.
		Savings and temporary cash investments		150,382.	2	233,761.
	4	Pledges and grants receivable, net		15,850.	3	42,456.
		Accounts receivable, net		112,394.	4	141,039.
,	5	Receivables from current and former officers, dir	ectors, trustees, key			
,		employees, and highest compensated employee	· ·			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			TOTAL TOTAL TOTAL PORT OF THE
	-	4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru-		·	6	
Assets	7	Notes and loans receivable, net	,		7	
SS	8	Inventories for sale or use		- <del>-</del>	8	
	9	Prepaid expenses and deferred charges	Ţ	14,866.	9	28,115.
- 1		Land, buildings, and equipment: cost or other	ı ı İ		Ū	
'	-	basis. Complete Part VI of Schedule D	10a 3,291,602.			
	h	Less: accumulated depreciation	10a 3,291,602. 10b 1,582,631.	1,777,618.	100	1,708,971.
4	1	Investments - publicly traded securities	100		11	
	2	Investments - other securities. See Part IV, line 1	1		12	
- 1	3	Investments - program-related. See Part IV, line			13	
	4	Intangible assets	'' }		14	
	5	Other assets. See Part IV, line 11	Ì	11,574.	15	9,682.
	6	Total assets. Add lines 1 through 15 (must equa	al line 34)	2,082,684.	16	2,271,257.
	7	Accounts payable and accrued expenses	21 1110 0 1/	127,957.	17	94,504.
	8	Grants payable			18	
i i	9	Deferred revenue		316,645.	19	336,484.
J	20	Tax-exempt bond liabilities			20	
l _	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D	<del></del>	21	
.≌ ∣	22	Payables to current and former officers, director		· · · · · · · · · · · · · · · · · · ·		······································
- ا ق	-	highest compensated employees, and disqualifi				
:≝		of Schedule L	or percental complete rate in		22	200,000.
وا	23	Secured mortgages and notes payable to unrela	ited third parties	250,000.	23	250,000.
1	24	Unsecured notes and loans payable to unrelated		······································	24	
- 1	25	Other liabilities. Complete Part X of Schedule D		32,036.	25	9,603.
	26	Total liabilities. Add lines 17 through 25		726,638.		890,591.
		Organizations that follow SFAS 117, check he	ere X and complete			
ςς		lines 27 through 29, and lines 33 and 34.				,
ဍ   2	27	Unrestricted net assets		1,238,435.	27	1,232,329.
e 2	28	Temporarily restricted net assets		9,000.	28	39,726.
<b>B</b> 2	29	Permanently restricted net assets		108,611.	29	1,232,329. 39,726. 108,611.
ַ בְּ	-	Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······································
<u>ا</u> ۾		complete lines 30 through 34.				
\$ 3	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or ed	ulpment fund		31	
⋖	32	Retained earnings, endowment, accumulated in	· ·		32	
ž	33	Total net assets or fund balances		1,356,046.	33	1,380,666.
	34	Total liabilities and net assets/fund balances	İ	2,082,684.	34	2,271,257.

Form **990** (2010)

Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	1 990 (2010) MUSIC	<u>11</u>	<u>-1532426</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1_	2,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,73		
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,35	6,0	<u>46.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,38	0,6	<u>66.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>_L_l</u>
			60000	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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	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	e audr	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	0		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				

3a

X

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

Employer identification number 11-1532426

			110010										
Par	t I	Reason t	or Public Chari	ty Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.				
he o	rgani	zation is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check d	only one b	ox.)					
1 [		A church, cor	ention of churches	s, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	•				
2	X	A school desc	cribed in section 17	<b>0(b)(1)(A)(ii)</b> . (Attach Scl	hedule E.)								
з [		A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization of	perated in conjunction	with a hosi	pıtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter tl	he hospital'	s nam	e,
		city, and state	e:										
5 [		An organization	on operated for the l	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	describe	ed in		•
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governme	ent or governmental unit	described	d in <b>sectio</b>	n 170(b)(1	)(A)(v).					
7		An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desci	ıı bədı	า
		section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 [		An organization	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	om contri	butions, m	nembershij	o fees, an	d gross red	eipts	from
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	0, 197	5.
		See section	<b>509(a)(2)</b> . (Complete	Part III.)									
10 [		An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	<b>i)</b> .				
I1 [		An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	f one o	or
		more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	on 509(a)(2	2). See <b>se</b> c	tion 509(a	a)( <mark>3).</mark> Che	ck the box	that	
		describes the	type of supporting	organization and comple	et <u>e lin</u> es 1°	1e through	11h.						
		a Type I	b	Type II c	: Тур	e III • Func	tionally int	egrated		a []	Type III - C	other	
e [		By checking t	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	persons oth	er tha	n
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									
9		•		organization accepted ar	• -		-						
		(i) A person	n who directly or ind	rectly controls, either al-	one or tog	ether with	persons c	lescribed i	ın (II) and (	III) below,		Yes_	No
		the gove	erning body of the si	upported organization?							11g(i)		
			•	n described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) of	or (ii) above	∍?					11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganızatıoni	(s).							
					T		1						_
(i) 1	<b>l</b> ame	of supported	(ii) EIN	(iii) Type of organization		-	(v) Did you		(vi) is organization		(vii) Am	ount o	f
	orga	inization		(described on lines 1-9		sted in your document?			(i) organiz	ed in the	sup	port	
				above or IRC section					US				
				(see instructions))	Yes	No	Yes	No	Yes	No			
					F								
									1				
			<del>-</del>		<del> </del>		<del>  -</del>	<del> </del>	ļ	<del>  </del>			
						1							
					<u> </u>	<del></del>							
					+		<del> </del>	-					
									1	]			
					<del> </del>	<del> </del>		<del> </del>		<del>  </del>			_
					1				1				

032021 12-21-10

Form 990 or 990-EZ.

1 3

2010.04050 THE BROOKLYN QUEENS CONSERV 1063\_\_\_1

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

						, Dans 0
chedule A (Form 990 or 990-EZ) 2010  Part II Support Schedule for (	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 2
(Complete only if you checked				n failed to qualify	under Part III. If the	organization
fails to qualify under the tests	listed below, plea	ise complete Part	····.)			
alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2) 2000	(5) 2331	(0) 2000	(0,2000	(0) 20:10	(y · o.u.
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						ļ
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support	4.1.0000	43,0007	(-) 0000	(-n 0000	(2) 2010	/O Total
alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts 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	ı					
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instructi	ions)			12	
13 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box and stop	here					<u>▶</u>
Section C. Computation of Publ		· · ·	(A)		14	
14 Public support percentage for 2010 (I			column (t))		15	%
15 Public support percentage from 2009			n line 13 and line :	14 16 33 1/304 00 0		
16a 33 1/3% support test - 2010. If the o stop here. The organization qualifies				17 13 00 17 370 OF 1	nore, oneck this bo	<b>▶</b> □
b 33 1/3% support test - 2009. If the o				l line 15 is 33 1/39	6 or more check th	us box
n oo ito to authoritiest - zoosili tile o	, garnzanon dia na	A CHOOK & DOX OH	io or rougand		0	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010

17a 10% -facts-and-circumstances test - 2010. 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

b 10% -facts-and-circumstances test - 2009. 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

# 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received. (Do not						
include any "unusual grants.")			<u></u>			
2 Gross receipts from admissions,						,
merchandise sold or services per-			ļ.			
formed, or facilities furnished in any activity that is related to the					1	
organization's tax-exempt purpose					<u></u>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	, l					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	d					
3 received from disqualified person	1					
<b>b</b> Amounts included on lines 2 and 3 received		<del>                                     </del>				
from other than disqualified persons that				Į.		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ŀ					1
c Add lines 7a and 7b	*****				'	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<del></del>		1	•	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	19,200	197 = 5 5	127.	1.1.		1
10a Gross income from interest,	<del></del>	-		-		1
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	•	-			<u> </u>	
(less section 511 taxes) from businesse	26					
acquired after June 30, 1975	75					
,		<del> </del>	<del>                                     </del>			
<ul><li>c Add lines 10a and 10b</li><li>11 Net income from unrelated busines</li></ul>					<del> </del>	
activities not included in line 10b,	,5					
whether or not the business is						
regularly carried on		<del> </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)			<u> </u>	<del> </del>	<del> </del>	
13 Total support (Add lines 9, 10c, 11, and 12			<u> </u>	<u> </u>		<u> </u>
14 First five years. If the Form 990 is	for the organization	n's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi:	zation,
check this box and stop here	LU: 0: 2.2		<del></del>	<del></del>	<del></del>	
Section C. Computation of Pu					145	
15 Public support percentage for 201			column (f))		15	%
16 Public support percentage from 20				<u> </u>	16	%
Section D. Computation of Inv					Tan I	
17 Investment income percentage for			ine 13, column (t))		17	9/
18 Investment income percentage fro				نغور .	18	9
19a 33 1/3% support tests - 2010. If t						17 is not
more than 33 1/3%, check this bo						▶ []
b 33 1/3% support tests - 2009. If t						
line 18 is not more than 33 1/3%, o						╴
20 Private foundation. If the organization	ation did not check	a box on line 14, 19	9a, or 19b, check			▶ 📗
032023 12-21-10				Sc	chedule A (Form 99	30 or 990-EZ) 201

# **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.

2010 Open to Public Inspection

Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

Employer identification number 11-1532426

Par	t I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	gate contributions to (during year)		
3	Aggre	gate grants from (during year)		
4	Aggre	gate value at end of year		
		e organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
		e organization's property, subject to the organization's		Yes No
6		e organization inform all grantees, donors, and donor a		used only
		aritable purposes and not for the benefit of the donor o		
	ımper	missible private benefit?		Yes No
Par	t II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	art IV, line 7.
1	Purpo	se(s) of conservation easements held by the organizati	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	torically important land area
		Protection of natural habitat	Preservation of a cert	fled historic structure
		Preservation of open space		
2	Comp	lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day o	f the tax year.		
				Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
С		per of conservation easements on a certified historic str	* * ·	2c
d	Numb	per of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure
		in the National Register		2d
3	Numb	per of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year i			
4		per of states where property subject to conservation ea		
5	Does	the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
		ions, and enforcement of the conservation easements i		Yes No
6		and volunteer hours devoted to monitoring, inspecting,		
7		int of expenses incurred in monitoring, inspecting, and		
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
		ection 170(h)(4)(B)(ii)?		Yes No
9		rt XIV, describe how the organization reports conservat		
		de, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conse	ervation easements.	f A.A. Historical Transcensor and	they Similar Access
Pai	t III	Organizations Maintaining Collections o		tner Similar Assets.
		Complete if the organization answered "Yes" to Form		
1a		organization elected, as permitted under SFAS 116 (AS		
		rical treasures, or other similar assets held for public ex		ince of public service, provide, in Part XIV,
		ext of the footnote to its financial statements that descr		
ь		organization elected, as permitted under SFAS 116 (AS		
		ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
		ng to these items:		<b>.</b> .
	• • •	levenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	• •	ssets included in Form 990, Part X	AL	
2		organization received or held works of art, historical tre		ai gain, provide
		ollowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	<b>&gt;</b> ¢
а		nues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Asse	ts included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

## THE BROOKLYN QUEENS CONSERVATORY OF

Sche	dule D (Form 990) 2010 MUSIC						11-15	32426	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tro	easures, o	r Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a si	gnificant i	use of its	collection	rtems
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exer	mpt purpo	se in Part	XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered '	Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete I	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	108,611.	108,611.	173	467.				
b	Contributions			20	644.				
С	Net investment earnings, gains, and losses	44.	976.	1	,903.				
d	Grants or scholarships			·			1 11 1100		
e	Other expenditures for facilities						***************************************		***************************************
_	and programs	44.	976.	87	403.				
f	Administrative expenses								
9	End of year balance	108,611.	108,611.	108	611.		<del></del>		,
2	Provide the estimated percentage of the year	r end balance held a	s:	•					
а	Board designated or quasi-endowment		%						
Ь	Permanent endowment ► 100.00	%	<del></del>						
c	· · · · · · · · · · · · · · · · · · ·	<del></del> %							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administe	red for ti	he organiz	zation		
	by:	•				_			Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	1
4	Describe in Part XIV the intended uses of the								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t VI Land, Buildings, and Equipm								
15.5	Description of investment	(a) Cost or o		or other	(c) A	ccumulate	ed	(d) Book	value
	Coonplien of attoornone	basis (investr	1 ''	(other)		preciation		,	
1a	Land	<u> </u>		5,000.				15	,000.
b	Buildings			1,458.	1,0	058,6	66.		792.
~	Leasehold improvements				•	•			
d	Equipment		39	9,746.		326,7	70.	72	976.
•	Other			5.398.		197.1		18	3,203.

Schedule D (Form 990) 2010

1,708,971.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	KLYN QUEENS CONS	SERVATORY OF	11 1522426 - 4
Schedule D (Form 990) 2010 MUSIC			11-1532426 Page
Part VII Investments - Other Securities	S. See Form 990, Part X, line 1	<del></del>	
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<del></del>		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 12	) ▶ │	<u> </u>	
Part VIII Investments - Program Relate	d. See Form 990, Part X, line		
(a) Description of investment type	(b) Book value		lethod of valuation: nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		<del></del>	
		<del></del>	
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13  Part IX Other Assets. See Form 990, Part		<u> </u>	
Fart IX   Other Assets. See Form 990, Part.	(a) Description	<del></del>	(b) Book value
(1)	(a) boomprion		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15.)		<b>&gt;</b>
Part X Other Liabilities. See Form 990, F			
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) CAPITAL LEASE OBLIGATI	ON	9,603.	
(3)			
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

PIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 032053
12-20-10

(10)

 	-	 	

032054

Schedule D (Form 990) 2010

# **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

**Employer identification number** 

11-1532426

			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	ļ
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X_	ļ
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		.,	1
	If you need more space, use Part II	3	X	ļ
	THE BROOKLYN QUEENS CONSERVATORY OF MUSIC ADVERTISES IN			
	NEWSPAPERS STATING THAT ALL RACES AND NATIONAL ORIGINS ARE	1		
	ACCEPTED.			
	Does the organization maintain the following?	4-	Х	1
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	<del>  ^</del>	+
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4-	X	1
	admissions, programs, and scholarships?	4c 4d	X	+
	Copies of all material used by the organization or on its behalf to solicit contributions?	40	_ ^	+
•			•	1
<b>a</b>	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	5a		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:	5a 5b		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?			
•	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		
 	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c 5d 5e		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b 5c 5d		
ı ) ; l	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		
1 ) ; 1	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	

032061 12-23-10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

# THE BROOKLYN QUEENS CONSERVATORY OF

Schedul	e E (F	<u>orm</u> 990	or 990-E	Z) (2010)	MUSI	<u> </u>								1:	<u>l – 15:</u>	32426 Pag	ge <b>2</b>
Part I		Supple	mental	Inform	nation.	Comple	ete this p	part to p	orovide	the expla	anation	s req	juired by Par	t I, lines 3, 4	d, 5h, 6	b, and 7,	
		s applic	able. Also	comple	te this pa	an to pro	ovide an	y other	additio	nai iniori	nation.			<del></del>			
Sche	dul	еE,	line	e 6 –	Exp	<u>lana</u>	<u>tion</u>	of	Gove	ernme	ent	Fir	nancial	Aid:		<del></del> -	
THE	CON	SERV	ATORY	APP	LIES	AND	REC	EIVE	S G	RANTS	FR	OM	CITY,	STATE	AND	FEDERAL	<u>.                                    </u>
GOVE:	RNM	ENTS	TO F	ELP	SUPP	ORT	AND	FURT	HER	ITS	PRO	GR <i>I</i>	AMS.				
	<del></del>												<del></del>				
						<del></del>	<del></del>										
							<del></del>					_					
				_			-		<del></del>							·	
	<u> </u>		<del></del>														
	_							•		-							,
						-										<u> </u>	
													<u></u>				
			<del></del>							<u>-</u>						<del></del> _	
							<del></del>									·	
			<del></del> -													· <del>-</del> · · · ·	
																<u>-</u>	
	_			<del></del>				<u> </u>	-								
		<del></del> .															
				_					-		-			· · · · · · · · · · · · · · · · · · ·			
															<del></del>		
					<del></del>									<u> </u>		· · · · · · · · · · · · · · · · · · ·	
										<del></del>							
														<del></del>			

# SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF

Employer identification number

	MUS.	IC						_   1	1-12	<u> 3242</u>	0	_
Part I	Excess Benefit 1	ransacti	ons (sec	ction 501(c)(	3) and section	501(c)(4) organization	s only).					
	Complete if the organ	ızatıon ansv	vered "Ye	es" on Form	990, Part IV, I	line 25a or 25b, or Forr	n 990 <u>-E</u>	Z, Part \	√, line 40	)b		
1	(a) Name of diam					(h) Decembles o	f transa	otion			(c) Corr	ected1
	(a) Name of disq	uaimed pers	son 			(b) Description o	ransa	Cuon			Yes	No
sectio	the amount of tax impos in 4958 the amount of tax, if any						year un	der				
Part II	Loans to and/or	From Int	ereste	d Persons	 3.	<del></del>						
لــــبننسيتــ	Complete if the organ	ization ansv	vered "Ye	es" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	/, line 38	Ba			
	ame of interested son and purpose	(b) Loan the orga	to or from	n (c) Origi	nal principal mount	(d) Balance due	(e)	In ault?	(f) App	proved eard or outtee?		ritten ment?
		To	From				Yes	No	Yes	No	Yes	No
JERRI	SINES MAYER	X		20	00,000.	200,000.		X	Х		Х	
									ļ	ļ		
									<u> </u>	ļ		
		<del></del>							<del> </del>	<del>                                     </del>		
									<del> </del>			
									<del>                                     </del>			
			-						<del> </del>	<del> </del>	<u> </u>	
									<del> </del>		-	
			<del>                                     </del>						<del>                                     </del>	1		<u> </u>
Total			<u> </u>	!	<b>▶</b> \$	200,000.		l		<u> </u>		<u> </u>
Part III	Grants or Assist	ance Bei	nefiting	Intereste			<u>'</u>		······································		<i>t</i>	
	Complete if the organ	ization ansv	wered "Y	es" on Form	990, Part IV,	line 27.						
(	a) Name of interested p	erson		(b) Relat		een interested person ganization	and			nount an assistan		f
			•	-								
				<del></del>								
	<del>.</del>											
								_				

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule L (Form 990 or 990-EZ) 2010

See Part V for Continuations

# THE BROOKLYN QUEENS CONSERVATORY OF

11-1532426

(a) Name of interested person (b) Netationship between interested (c) Amount of (a) best pitch of organizations	chedule L (Form 990 or 990-EZ) 2010			<del> </del>		Page
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Sha organization (f) Person and the organization (d) Description of transaction (e) Sha organization (f) Person and the organization (f) Amount of transaction (f) Person and transaction (f) Person and transaction (f) Person and transaction (f) Person of		=	25 00 -			
Part V   Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Schedule L, Part II, Loans To and From Interested Persons:  (a) Name of Person: JERRI SINES MAYER  (a) Purpose of Loan:		(b) Relationship between interested	(c) Amount of		(e) Sharing o organization's revenues?	
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:						No
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:				ļ	ļ	ļ
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:					<del>                                     </del>	<u> </u>
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:				<del> </del>		<del> </del>
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:	<del></del>				_	
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:						
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:					ļ	ļ
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:					-	-
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:			· · · · · · · ·		-	-
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).  Chedule L, Part II, Loans To and From Interested Persons:  a) Name of Person: JERRI SINES MAYER  a) Purpose of Loan:	art V Supplemental Information					
a) Name of Person: JERRI SINES MAYER a) Purpose of Loan:	<del></del>	al information for responses to question	s on Schedule L (see	instructions).		
a) Name of Person: JERRI SINES MAYER a) Purpose of Loan:		_	_			
a) Purpose of Loan:	chedule L, Part II, Loans	s To and From Intere	sted Person	ns:		
a) Purpose of Loan:	a) Namo of Dorson. IFPDI	CINEC MAVED				
	a) Name of Person: DERRI	DINES HATEK			•	
	a) Purpose of Loan:					
O ASSIST ORGANIZATION WITH CASH FLOW IN A TIME OF NEED						
	O ASSIST ORGANIZATION WIT	TH CASH FLOW IN A TI	ME OF NEED			
			-			
			<del> </del>			
			-			

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

Employer identification number 11-1532426

Form 990, Part I, Line 1, Description of Organization Mission: THE CONSERVATORY PROMOTES INDIVIDUAL AND COMMUNITY GROWTH THROUGH BY PRESENTING FREE AND SUBSIDIZED MUSIC INSTRUCTION AND CONCERTS IN ITS FACILITIES AND IN THE COMMUNITY, THE CONSERVATORY MAKES MUSIC ACCESSIBLE TO PEOPLE OF ALL AGES, BACKGROUNDS AND SKILL LEVELS. THE CONSERVATORY PROVIDES MUSIC INSTRUCTION AT ITS LOCATION IN PARK THROUGH ITS MUSIC PARTNERS PROGRAM, MUSIC INSTRUCTION SLOPE, BROOKLYN. IS PROVIDED TO SCHOOL CHILDREN IN THE NEW YORK CITY PUBLIC SCHOOLS. THE CONSERVATORY ALSO PRESENTS OVER 100 PUBLIC PERFORMANCES EACH YEAR, FEATURING WORLD-CLASS ARTISTS, LOCAL MUSICIANS AND STUDENT PERFORMERS. FORM 990, PART I, LINE 1 DESCRIPTION OF THE ORGANIZATION FOUNDED IN 1897, THE BROOKLYN-OUEENS CONSERVATORY OF MUSIC HAS BEEN SERVING THE NEW YORK MUSICAL COMMUNITY FOR OVER A CENTURY. CONSERVATORY PROMOTES INDIVIDUAL AND COMMUNITY GROWTH THROUGH MUSIC, AND IS COMMITTED TO MAKING MUSIC ACCESSIBLE TO PEOPLE OF ALL AGES, THROUGH ITS LONG STANDING COMMITMENT TO BACKGROUNDS AND SKILL LEVELS. THE HIGHEST OUALITY IN ARTS EDUCATION, THE CONSERVATORY HAS THE DISTINCTION OF BEING ONE OF THE OLDEST AND LARGEST COMMUNITY MUSIC SCHOOLS IN THE NATION. THE CONSERVATORY OFFERS PRIVATE INSTRUCTION, GROUP CLASSES, ENSEMBLES AND CHORAL OPPORTUNITIES TO STUDENTS RANGING IN AGE FROM 18 MONTHS TO NESTLED IN A COMPLETELY RESTORED FIVE-STORY VICTORIAN GOTHIC MANSION IN THE HEART OF THE HISTORIC PARK SLOPE, BROOKLYN, THE CONSERVATORY SERVES AS A COMPREHENSIVE MUSIC CENTER FOR OVER 7,000 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Employer identification number 11-1532426

STUDENTS OF ALL AGES, SKILL LEVELS AND BACKGROUNDS. OUR STUDENT BODY DRAWN FROM THROUGHOUT THE NEW YORK METROPOLITAN AREA, THE UNITED STATES AND FROM NUMEROUS FOREIGN COUNTRIES IS A REFLECTION OF THE VIBRANT CULTURAL DIVERSITY THAT IS THE ESSENCE OF NEW YORK. THE CONSERVATORY IS OPEN WELL INTO THE EVENING AND ON WEEKENDS, TO ACCOMODATE EVEN THE BUSIEST SCHEDULE. LESSONS AND CLASSES ARE REASONABLY PRICED AND NEED-BASED SCHOLARSHIPS ARE OFFERED EACH SEMESTER, AFFORDING ACCESS TO QUALITY MUSIC INSTRUCTION FOR PEOPLE OF ALL FINANCIAL MEANS. NOT ONLY DOES THE CONSERVATORY SERVE STUDENTS ON SITE, WE OFFER THE MUSIC PARTNERS PROGRAM TO LOCAL PUBLIC SCHOOLS AND SENIOR CENTERS IN UNDERSERVED COMMUNITIES IN ALL PARTS OF THE CITY. OUR DISTINGUISHED FACULTY MEMBERS HOLD ADVANCED DEGREES FROM THE FINEST CONSERVATORIES AND UNIVERSITIES, AND ALSO MAINTAIN ACTIVE AND PRESTIGIOUS PERFORMANCE CAREERS. ALL ARE DEDICATED TO BRINGING MUSIC INTO THE LIVES OF THOSE IN THEIR COMMUNITY FROM THE BEGINING STUDENT JUST STARTING OUT TO THE ADVANCED STUDENT CONTEMPLATING A CAREER IN MUSIC.

Form 990, Part III, Line 1, Description of Organization Mission:

LEVELS. THE CONSERVATORY PROVIDES MUSIC INSTRUCTION AT ITS LOCATION IN

PARK SLOPE, BROOKLYN. THROUGH ITS MUSIC PARTNERS PROGRAM, MUSIC

INSTRUCTION IS PROVIDED TO SCHOOL CHILDREN IN THE NEW YORK CITY PUBLIC

SCHOOLS. THE CONSERVATORY ALSO PRESENTS PUBLIC PERFORMANCES EACH YEAR,

FEATURING WORLD-CLASS ARTISTS, LOCAL MUSICIANS AND STUDENT PERFORMERS.

Form 990, Part III, Line 4a, Program Service Accomplishments:

CONSERVATORIES AND UNIVERSITIES. IN ADDITION, OUR MUSIC PARTNERS

01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Employer identification number 11-1532426

PROGRAM PROVIDES WEEKLY INSTRUMENTAL AND MUSIC INSTRUCTION, ENSEMBLE,
PLAYING, AND PERFORMANCE OUTLETS (AVERAGING 27 WEEKS/YEAR) IN

CLASSICAL, JAZZ, FOLK, WORLD MUSIC, IMPROVISATION AND MUSIC THERAPY TO

OVER 7,000 CHILDREN, YOUTH AND ADULTS WHO WOULD NOT OTHERWISE HAVE THE

OPPORTUNITY TO STUDY MUSIC, OF WHOM OVER 70% ARE OF AFRICAN AMERICAN,
HISPANIC/LATINO OR ASIAN BACKGROUNDS LIVING AT OR BELOW THE FEDERAL

POVERY LEVEL. WE WORK DIRECTLY WITH 40+ NYC PUBLIC SCHOOLS, DAY CARE,
YOUTH, COMMUNITY AND SENIOR CENTERS AND MANY OF THE STUDENTS HAVE A

LIMITED PROFICIENCY IN ENGLISH. THE BROOKLYN CONSERVATORY ALSO

PRESENTS CONCERTS AND ADDITIONAL RECITALS.

FORM 990, Part VI, Section B, line 11: THE CONSERVATORY'S 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS THEN REVIEWED BY STAFF AND THE EXECUTIVE DIRECTOR AND CORRECTED AS NECESSARY. A REVISED DRAFT IS SENT TO THE EXECUTIVE DIRECTOR AND BOARD FOR REVIEW AND APPROVAL BEFORE FILING. ONCE THE FORM IS APPROVED IT IS SUBMITTED TO THE IRS BEFORE THE DEADLINE.

FORM 990, Part VI, Section B, Line 12c: THE BROOKLYN QUEENS CONSERVATORY

OF MUSIC'S CONFLICT OF INTEREST POLICY REQUIRES OFFICERS, DIRECTORS AND KEY

EMPLOYEES TO FILE ANNUAL CONFLICT OF INTEREST REPORTS WITH THE

ORGANIZATION. THE FOLLOWING PROCESS IS USED TO GATHER, REVIEW AND RESOLVE

ANY CONFLICTS. FIRST THE STAFF SENDS CONFLICT OF INTEREST REPORTS TO EACH

OFFICER, DIRECTOR AND KEY EMPLOYEE ANNUALLY. THE STAFF THEN GATHERS THE

REPORTS, REVIEWS THEM AND WRITES A CONFLICT OF INTEREST MEMO STATING THE

NUMBER OF COI REPORTS WITH NO CONFLICTS, LISTING MISSING AND OUTSTANDING

COI REPORTS AND SUMMARIZES THE REPORTS WITH POTENTIAL AND ACTUAL CONFLICTS

OF INTEREST INCLUDING IN-DEPTH INFORMATION REGARDING THE CONFLICT AND

RECOMMENDATIONS FOR RESOLUTION OF THE POTENTIAL OR ACTUAL CONFLICT OF

Employer identification number 11-1532426

INTEREST. THE STAFF SENDS THE MEMO ALONG WITH COI REPORTS CONTAINING

CONFLICTS TO THE AUDIT COMMITTEE AND GOVERNANCE COMMITTEE. THE GOVERNANCE

COMMITTEE REVIEWS THE MEMO, CONFLICT OF INTEREST REPORTS AND

RECOMMENDATIONS FOR RESOLUTION AND DETERMINES THE APPROPRIATE COURSE OF

ACTION UNDER THE CONFLICT OF INTEREST POLICY. THE DETERMINED COURSE OF

ACTION IS REPORTED TO THE INTERESTED PARTIES. THE GOVERNANCE COMMITTEE

ALSO REPORTS EACH CONFLICT AND RESOLUTION TO THE DIRECTORS OF THE BROOKLYN

QUEENS CONSERVATORY OF MUSIC AT THE SUBSEQUENT BOARD MEETING.

Form 990, Part VI, Section B, Line 15: THE BROOKLYN QUEENS CONSERVATORY OF MUSIC USES COMPARABLE COMPENSATION DATA TO REVIEW, ANALYZE AND DETERMINE THE INITIAL COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER STAFF BASED ON RESEARCH REGARDING COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS REPORTED ON FORM 990 OF COMPARABLE ORGANIZATIONS OR IN COMPENSATION SURVEYS. AFTER THE FIRST YEAR OF EMPLOYMENT, COMPENSATION IS DETERMINED BY PERFORMANCE AND BY COLA ADJUSTMENTS. THE ORGANIZATION DOES NOT USE COMPARABLE COMPENSATION DATA TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER STAFF AFTER THE INITIAL STARTING COMPENSATION IS THE INITIAL COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED DETERMINED. AND APPROVED BY THE ORGANIZATION'S GOVERNING BODY. THE INITIAL COMPENSATION OF OTHER STAFF IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND HUMAN RESOURCES STAFF. THE CONSERVATORY'S BOARD USES CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

Form 990, Part VI, Section C, Line 19: THE CONSERVATORY MAKES ITS