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2011

Open to Public
Inspection

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)

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

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
HOFF BARTHELSON MUSIC SCHOOL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
25 SCHOOL LANECity or town, state or country, and ZIP + 4
SCARSDALE, NY 10583F Name and address of principal officer
JOAN BEHRENS BERGMAN
25 SCHOOL LANE
SCARSDALE, NY 10583D Employer identification number
13-1861532E Telephone number
(914) 723-1169

G Gross receipts \$ 5,115,470

H(a) Is this a group return for
affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW HBMS.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1959 M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
A COMMUNITY MUSIC SCHOOL THAT IS OPEN TO EVERYONE

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3 29

4 28

5 161

6 40

7a 0

7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	185,512	321,156
9 Program service revenue (Part VIII, line 2g)	3,907,630	4,243,171
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,296	90,238
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,502	61,199
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,254,940	4,715,764

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,997	203,107
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,182,387	3,284,301
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 92,086		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,067,757	1,045,439
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,440,141	4,532,847
19 Revenue less expenses Subtract line 18 from line 12	-185,201	182,917

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,893,850	5,103,414
21 Total liabilities (Part X, line 26)	1,157,855	1,171,083
22 Net assets or fund balances Subtract line 21 from line 20	3,735,995	3,932,331

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

2013-05-08

Date

JOAN BEHRENS BERGMAN EXECUTIVE DIRECTOR

Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature ► FREDERICK H ROTHMAN	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01275277
Firm's name (or yours if self-employed), address, and ZIP + 4 ► LOEB & TROPER LLP 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017		EIN ► 13-1517563	
		Phone no ► (212) 867-4000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

HOFF-BARTHELSON MUSIC SCHOOL IS A COMMUNITY MUSIC SCHOOL THAT IS OPEN TO EVERYONE. THE SCHOOL SERVES AS A CENTER WHERE STUDENTS OF ALL AGES CAN DEVELOP A SUSTAINED INTEREST IN MUSIC AND REACH THEIR HIGHEST MUSICAL POTENTIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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

4a (Code) (Expenses \$ 3,617,521 including grants of \$ 203,107) (Revenue \$ 3,791,223)
 PRIVATE AND GROUP INSTRUCTION SERVING OVER 800 STUDENTS

4b (Code) (Expenses \$ 131,211 including grants of \$) (Revenue \$ 226,404)
 PROGRAMS FOR YOUNG CHILDREN INCLUDE DALCROZE MUSIC INSTRUCTION TO GROUPS AND A PRESCHOOL FOR 3 AND 4 YEAR OLDS

4c (Code) (Expenses \$ 144,898 including grants of \$) (Revenue \$ 225,544)
 SUMMER ARTS PROGRAM FOR CHILDREN AGES 7-15 IS HELD FOR FIVE WEEKS IN THE SUMMER AND PROVIDES MUSIC, DRAMA AND ARTS PROGRAMS TO NEW AND CONTINUING STUDENTS

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** \$ 3,893,630

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b 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
- 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 16? If "Yes," complete Schedule D, Part VIII
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I
- 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 U.S.? If "Yes," complete Schedule F, Part II and IV
- 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 U.S.? If "Yes," complete Schedule F, Part III and IV
- 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
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 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
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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 owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	42
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	161
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
a	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?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	29	
b Enter the number of voting members included in line 1a, above, who are independent	1b	28	
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	No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6 Did the organization have members or stockholders?	6	No	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	No	
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
JENNIFER KOVALSKAYA DIR OF FINANCE
25 SCHOOL LANE
SCARSDALE, NY 10583
(914) 723-1169

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, and **current** key employees. 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, or 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 organization nor any related organizations compensated any current or former officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) JOAN BEHRENS BERGMAN EXECUTIVE DIRECTOR	50.00	X		X			138,481	0	1,800
(2) ROBERT DIONNE CHAIRMAN	2.00	X		X			0	0	0
(3) EDMUND SCHROEDER HONORARY CHAIRMAN	2.00	X		X			0	0	0
(4) RICHARD BERNSTEIN VICE CHAIRMAN	2.00	X		X			0	0	0
(5) SARAH BELL TRUSTEE	2.00	X					0	0	0
(6) JILL KRUTNICK BERG TRUSTEE	2.00	X					0	0	0
(7) JOHN CARTON TRUSTEE	2.00	X					0	0	0
(8) RAKHSHAN CHIDA TRUSTEE	2.00	X					0	0	0
(9) NANCY CORBETT TRUSTEE	2.00	X					0	0	0
(10) STEPHANIE DEAN TRUSTEE	2.00	X					0	0	0
(11) BARBARA FOGL TRUSTEE	2.00	X					0	0	0
(12) NANCY GAVRIN TRUSTEE	2.00	X					0	0	0
(13) WARREN HABER TRUSTEE	2.00	X					0	0	0
(14) ATHENA KANARIS TRUSTEE	2.00	X					0	0	0
(15) EMILY KIRSHENBAUM TRUSTEE	2.00	X					0	0	0
(16) JANET KORINS TRUSTEE	2.00	X					0	0	0
(17) RHONDA G KOST TRUSTEE	2.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) KIM KURLAN TRUSTEE	2 00	X							0	0
(19) DOROTHY LEE HAN TRUSTEE	2 00	X							0	0
(20) PETER LEHRER TRUSTEE	2 00	X							0	0
(21) BINNETTE LIPPER TRUSTEE	2 00	X							0	0
(22) MICHAEL MALINA TRUSTEE	2 00	X							0	0
(23) ELI R MATTIOLI TRUSTEE	2 00	X							0	0
(24) CILLON MCKENLEY TRUSTEE	2 00	X							0	0
(25) JOANN MONTH TRUSTEE	2 00	X							0	0
(26) RAKHA D PACKER TRUSTEE	2 00	X							0	0
(27) JEROME SEIDMAN TRUSTEE	2 00	X							0	0
(28) ELIZABETH WHITNEY TRUSTEE	2 00	X							0	0
(29) YAYOI SHIROMOTO TRUSTEE	2 00	X							0	0
(30) JENNIFER KOVALSKAYA DIRECTOR OF FINANCE	25 00			X					74,034	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)									212,515	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										

2 Total number of individuals (including but not limited to those listed above) who received more than
\$100,000 of reportable compensation from the organization **►1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than
\$100,000 of compensation from the organization. Report compensation for the calendar year ending with
or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	►0	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	8,450			
	d Related organizations	1d				
	e Government grants (contributions)	1e	34,210			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	278,496			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		321,156			
Program Service Revenue		Business Code				
	2a TUITION	611600	4,125,692	4,125,692		
	b MUSIC BOOKS	900099	54,635	54,635		
	c REGISTRATION FEES	611600	43,130	43,130		
	d FINANCE CHARGES	900099	12,123	12,123		
	e LATE PAYMENT CHARGES	900099	7,591	7,591		
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,243,171			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
			59,637		59,637	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	400,575					
b Less cost or other basis and sales expenses	369,974					
c Gain or (loss)	30,601					
d Net gain or (loss)			30,601		30,601	
8a Gross income from fundraising events (not including \$ 8,450 of contributions reported on line 1c) See Part IV, line 18						
a	72,234					
b Less direct expenses	b 29,732					
c Net income or (loss) from fundraising events		42,502			42,502	
9a Gross income from gaming activities See Part IV, line 19						
a						
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
a						
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a AUXILIARY	900099	13,855			13,855	
b OTHER REVENUE	900099	4,842			4,842	
c						
d All other revenue						
e Total. Add lines 11a-11d		18,697				
12 Total revenue. See Instructions		4,715,764	4,243,171	0	151,437	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	203,107	203,107		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	247,925	81,315	166,610	
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	2,643,540	2,440,322	125,780	77,438
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	179,111	136,125	38,783	4,203
10 Payroll taxes	213,725	172,456	35,322	5,947
11 Fees for services (non-employees)				
a Management				
b Legal	5,264		5,264	
c Accounting	30,600		30,600	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees	23,184		23,184	
g Other	12,430	8,026	4,404	
12 Advertising and promotion	66,141	54,897	11,244	
13 Office expenses	207,605	185,773	17,334	4,498
14 Information technology	27,098	22,491	4,607	
15 Royalties				
16 Occupancy	249,274	206,897	42,377	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,805	170,818	34,987	
23 Insurance	39,031	32,396	6,635	
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) amount, list line 24f expenses on Schedule O)				
a MUSIC	124,753	124,753		
b OUTREACH PROGRAM EXPENS	49,518	49,518		
c BAD DEBTS	4,736	4,736		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,532,847	3,893,630	547,131	92,086
26 Joint costs. Check here <input type="checkbox"/> If following SOP 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				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	297,199	1 282,777
	2 Savings and temporary cash investments	159,550	2 508,401
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	32,189	4 47,997
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	21,269	8 27,429
	9 Prepaid expenses and deferred charges	42,519	9 45,942
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,680,690
	b Less accumulated depreciation	10b	2,635,086
		10c	2,180,747
	11 Investments—publicly traded securities	2,153,375	11 2,130,599
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	7,002	15 14,665
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,893,850	16 5,103,414
Liabilities	17 Accounts payable and accrued expenses	42,464	17 59,851
	18 Grants payable	18	
	19 Deferred revenue	488,486	19 509,849
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	603,079	23 581,628
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	23,826	25 19,755
	26 Total liabilities. Add lines 17 through 25	1,157,855	26 1,171,083
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	2,632,053	27 2,717,652
	28 Temporarily restricted net assets	272,434	28 608,566
	29 Permanently restricted net assets	831,508	29 606,113
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	3,735,995	33 3,932,331
	34 Total liabilities and net assets/fund balances	4,893,850	34 5,103,414

Part XI Reconciliation of Net AssetsCheck 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	4,715,764
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,532,847
3	Revenue less expenses Subtract line 2 from line 1	3	182,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,735,995
5	Other changes in net assets or fund balances (explain in Schedule O)	5	13,419
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	3,932,331

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
2b	Were the organization's financial statements audited by an independent accountant? . . .	2b	Yes
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	3b	

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service
Name of the organization
HOFF BARTHELSON MUSIC SCHOOL

Employer identification number

13-1861532

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b 10%-facts-and-circumstances test—2010. 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	►
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	►

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	287,352	242,115	216,534	185,512	321,156	1,252,669
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,636,118	3,711,347	3,723,505	3,907,630	4,243,171	19,221,771
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,923,470	3,953,462	3,940,039	4,093,142	4,564,327	20,474,440
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						20,474,440

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	3,923,470	3,953,462	3,940,039	4,093,142	4,564,327	20,474,440
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	194,314	75,727	45,818	62,752	59,637	438,248
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	194,314	75,727	45,818	62,752	59,637	438,248
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			1,902	28,011	42,502	72,415
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	19,236	31,765	12,793	12,491	18,697	94,982
13 Total support (Add lines 9, 10c, 11 and 12)	4,137,020	4,060,954	4,000,552	4,196,396	4,685,163	21,080,085

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97 130 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97 080 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2 080 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2 280 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2010. 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 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME AUXILIARY OTHER REVENUE

2011

Open to Public
Inspection**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

HOFF BARTHELSON MUSIC SCHOOL

Employer identification number

13-1861532

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

- 4 Number of states where property subject to conservation easement is located ► _____

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

- 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ _____

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	783,929	676,440	606,013	605,653	
b Contributions			100	360	
c Investment earnings or losses	43,223	154,989	70,327		
d Grants or scholarships	40,765	47,500			
e Other expenditures for facilities and programs					
f Administrative expenses	10,580				
g End of year balance	775,807	783,929	676,440	606,013	

- 2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ►
 b Permanent endowment ► 78 130 %
 c Term endowment ► 21 870 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations		No
3a(ii) related organizations		No
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		77,595			77,595
b Buildings		3,898,569	2,136,975		1,761,594
c Leasehold improvements					
d Equipment		704,526	498,111		206,415
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					2,045,604

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION PAYABLE	19,755
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	19,755

2. Fin 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 FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,715,764
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,532,847
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	182,917
4	Net unrealized gains (losses) on investments	4	13,419
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	13,419
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	196,336

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,555,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	13,419
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	29,732
e	Add lines 2a through 2d	2e	43,151
3	Subtract line 2e from line 1	3	4,512,657
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	203,107
c	Add lines 4a and 4b	4c	203,107
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,715,764

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,359,472
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	29,732
e	Add lines 2a through 2d	2e	29,732
3	Subtract line 2e from line 1	3	4,329,740
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	203,107
c	Add lines 4a and 4b	4c	203,107
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,532,847

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUND ASSETS. THE ASSETS CAN BE USED TO SUPPORT, AT THE BOARD'S DISCRETION, THE SCHOOL'S FINANCIAL AID AND FACULTY DEVELOPMENT PROGRAMS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT COST OF SPECIAL EVENTS 29,732
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 203,107
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT COST OF SPECIAL EVENTS 29,732
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 203,107

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

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

P Attach to Form 990 or Form 990 EZ. **P** See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

HOFF BARTHELSON MUSIC SCHOOL

Employer identification number

13-186153

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
 - b** Internet and e-mail solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>SPRING BENEFIT</u> (event type)	<u>HOLIDAY MUSIC FESTIVAL</u> (event type)	<u>1</u> (total number)	
Revenue	1 Gross receipts . . .	47,195	25,352	8,137	80,684
	2 Less Charitable contributions . . .	8,450			8,450
	3 Gross income (line 1 minus line 2) . . .	38,745	25,352	8,137	72,234
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .	6,618	958		7,576
	8 Entertainment . . .	1,000			1,000
	9 Other direct expenses . . .	226		20,930	21,156
	10 Direct expense summary Add lines 4 through 9 in column (d)				(29,732)
	11 Net income summary Combine lines 3 and 10 in column (d)				42,502

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in
- | |
|-----|
| 13a |
| 13b |
- a** The organization's facility
- b** An outside facility
- 14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2011

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

HOFF BARTHELSON MUSIC SCHOOL

Employer identification number

13-1861532

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I, line 1 (Form 990) if additional space is needed.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL AID	82	203,107			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FINANCIAL AID IS AWARDED BASED ON ELIGIBILITY AND GREATEST NEED BY THE FINANCIAL AID COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF DIRECTORS THE EXECUTIVE DIRECTOR PRESENTS THE APPLICATIONS TO THE COMMITTEE MAINTAINING ANONYMITY OF THE APPLICANTS THE FINANCIAL AID IS GIVEN EACH YEAR WITHIN A BOARD-APPROVED BUDGET THEY ARE TRACKED WITHIN THE REGISTRAR'S DATABASE AND ALSO THROUGH THE STUDENT BILLING DATABASE WHICH IS THEN VERIFIED BY THE DIRECTOR OF FINANCE AND ALSO FULLY-AUDITED BY AN INDEPENDENT ACCOUNTING FIRM DURING THE ANNUAL AUDIT

2011

Open to Public
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(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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

Name of the organization
HOFF BARTHELSON MUSIC SCHOOL**Employer identification number**

13-1861532

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF FINANCE AND EXECUTIVE DIRECTOR CONDUCT A FULL REVIEW OF THE FORM 990 AFTER ITS COMPLETION BY INDEPENDENT TAX ACCOUNTANTS ONE WEEK PRIOR TO FILING THE FORM 990, IT IS E-MAILED TO THE BOARD OF DIRECTORS TO REVIEW AND COMMENT UPON
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES (THE "BOARD") OF HOFF-BARTHELSON MUSIC SCHOOL (THE "SCHOOL") HAS ADOPTED THE FOLLOWING POLICY DESIGNED TO AVOID ANY POSSIBLE CONFLICT BETWEEN THE PERSONAL INTERESTS OF BOARD MEMBERS OR KEY STAFF MEMBERS AND THE INTERESTS OF THE SCHOOL. THE PURPOSE OF THIS POLICY IS TO ENSURE THAT DECISIONS ABOUT SCHOOL OPERATIONS AND THE USE AND DISPOSITION OF SCHOOL ASSETS ARE MADE SOLELY IN TERMS OF BENEFITS TO THE SCHOOL AND ARE NOT INFLUENCED BY PERSONAL PROFIT OR OTHER PERSONAL BENEFIT TO INDIVIDUALS AFFILIATED WITH THE SCHOOL WHO TAKE PART IN THE DECISION. IN ADDITION TO ACTUAL CONFLICTS OF INTEREST, THIS POLICY ALSO COVERS ACTIONS THAT COULD POTENTIALLY BE PERCEIVED AS IN CONFLICT WITH THE SCHOOL'S INTERESTS. FOR PURPOSES OF THIS POLICY, (I) THE TERM "KEY STAFF MEMBER" MEANS THE EXECUTIVE DIRECTOR, THE DEAN, THE DIRECTOR OF FINANCE AND THE DIRECTOR OF DEVELOPMENT AND (II) A "CONFLICT OF INTEREST" IS A SITUATION WHEN A PERSON IN A POSITION OF AUTHORITY OVER THE SCHOOL, SUCH AS AN OFFICER OR TRUSTEE, MAY BENEFIT FINANCIALLY FROM A DECISION HE OR SHE COULD MAKE IN SUCH CAPACITY, INCLUDING INDIRECT BENEFITS SUCH AS TO FAMILY MEMBERS OR BUSINESSES WITH WHICH THE PERSON IS CLOSELY ASSOCIATED. TRUSTEES ANY MEMBER OF THE BOARD OF TRUSTEES WHO MAY BE INVOLVED IN A SCHOOL BUSINESS TRANSACTION IN WHICH THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHALL PROMPTLY NOTIFY THE CHAIR OF THE BOARD OF TRUSTEES. THE AFFECTED BOARD MEMBER WILL REFRAIN FROM PARTICIPATING IN DELIBERATIONS OR VOTING ON APPROVAL OF SUCH TRANSACTION. IN ADDITION, THE BOARD MEMBER'S PRESENCE WILL NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY VOTE WITH RESPECT TO A SCHOOL BUSINESS TRANSACTION IN WHICH HE OR SHE HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. FURTHERMORE, THE BOARD MEMBER, OR THE CHAIR, SHALL DISCLOSE THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE OTHER TRUSTEES BEFORE ANY VOTE ON SUCH BUSINESS TRANSACTION, AND SUCH DISCLOSURE SHALL BE RECORDED IN THE MINUTES OF THE MEETING AT WHICH IT IS MADE. KEY STAFF ANY KEY STAFF MEMBER WHO MAY BE INVOLVED IN A SCHOOL BUSINESS TRANSACTION IN WHICH THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST SHALL PROMPTLY NOTIFY THE EXECUTIVE DIRECTOR. IF THE CONFLICT INVOLVES THE EXECUTIVE DIRECTOR, IT SHALL BE REPORTED TO THE CHAIR OF THE BOARD OF TRUSTEES. THE EXECUTIVE DIRECTOR (OR, IF APPLICABLE, THE CHAIR), AFTER RECEIVING SUCH INFORMATION, SHALL TAKE SUCH ACTION AS NECESSARY TO ENSURE THAT THE DETERMINATION WHETHER TO PROCEED WITH THE TRANSACTION IS MADE WITHOUT SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POTENTIAL CONFLICT OF INTEREST. THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST INVOLVING A BOARD MEMBER OR A KEY STAFF MEMBER WITH RESPECT TO A PARTICULAR TRANSACTION DOES NOT MEAN THAT THE SCHOOL MUST ABSTAIN FROM OR MODIFY THE TERMS OF SUCH TRANSACTION, OR THAT THE AFFECTED INDIVIDUAL CANNOT PROVIDE INFORMATION OR RESPOND TO QUESTIONS ABOUT THE PROPOSED TRANSACTION, AS LONG AS (I) THE CONFLICT OF INTEREST IS CLEARLY DISCLOSED AND (II) NON-INVOLVED INDIVIDUALS AFFILIATED WITH THE SCHOOL MAKE ANY NECESSARY DECISIONS AND JUDGMENTS WITH RESPECT TO THE TRANSACTION. A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICTS OF INTEREST SHALL BE KEPT BY THE EXECUTIVE DIRECTOR OR, WHERE APPLICABLE, THE CHAIR OF THE BOARD OF TRUSTEES.
	FORM 990, PART VI, SECTION B, LINE 15A	THE CHAIRMAN OF THE BOARD AND THE CHAIRMAN OF THE FINANCE COMMITTEE CONDUCT A STUDY OF SIMILAR INSTITUTIONS, IN SIZE AND BUDGET, OF THE COMPENSATION OF COMPARATIVE POSITIONS TO THE SCHOOL'S EXECUTIVE DIRECTOR, IN ORDER TO DETERMINE THE APPROPRIATE COMPENSATION. THE STUDY IS UNDERTAKEN BEFORE THE RENEWAL OF THE EXECUTIVE DIRECTOR'S CONTRACT, WHICH WAS RENEWED IN 2008.
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 13,419
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 13-1861532
Name: HOFF BARTHELSON MUSIC SCHOOL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
JOAN BEHRENS BERGMAN EXECUTIVE DIRECTOR	50 00	X		X				138,481	0	1,800
ROBERT DIONNE CHAIRMAN	2 00	X		X				0	0	0
EDMUND SCHROEDER HONORARY CHAIRMAN	2 00	X		X				0	0	0
RICHARD BERNSTEIN VICE CHAIRMAN	2 00	X		X				0	0	0
SARAH BELL TRUSTEE	2 00	X						0	0	0
JILL KRUTNICK BERG TRUSTEE	2 00	X						0	0	0
JOHN CARTON TRUSTEE	2 00	X						0	0	0
RAKHSHAN CHIDA TRUSTEE	2 00	X						0	0	0
NANCY CORBETT TRUSTEE	2 00	X						0	0	0
STEPHANIE DEAN TRUSTEE	2 00	X						0	0	0
BARBARA FOGEL TRUSTEE	2 00	X						0	0	0
NANCY GAVRIN TRUSTEE	2 00	X						0	0	0
WARREN HABER TRUSTEE	2 00	X						0	0	0
ATHENA KANARIS TRUSTEE	2 00	X						0	0	0
EMILY KIRSHENBAUM TRUSTEE	2 00	X						0	0	0
JANET KORINS TRUSTEE	2 00	X						0	0	0
RHONDA G KOST TRUSTEE	2 00	X						0	0	0
KIM KURLAN TRUSTEE	2 00	X						0	0	0
DOROTHY LEE HAN TRUSTEE	2 00	X						0	0	0
PETER LEHRER TRUSTEE	2 00	X						0	0	0
BINNETTE LIPPER TRUSTEE	2 00	X						0	0	0
MICHAEL MALINA TRUSTEE	2 00	X						0	0	0
ELI R MATTIOLI TRUSTEE	2 00	X						0	0	0
CILLON MCKENLEY TRUSTEE	2 00	X						0	0	0
JOANN MONTH TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
RAKHA D PACKER TRUSTEE	200	X					0	0	0
JEROME SEIDMAN TRUSTEE	200	X					0	0	0
ELIZABETH WHITNEY TRUSTEE	200	X					0	0	0
YAYOI SHIROMOTO TRUSTEE	200	X					0	0	0
JENNIFER KOVALSKAYA DIRECTOR OF FINANCE	25.00			X			74,034	0	1,800