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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury

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

		nue Service	► The organization may have to use a copy of this return to satisfy state reporting	ng require	ments.	Inspection
A	For the	2011 cale	ndar year, or tax year beginning July 1 , 2011, and ending	June	30	, 20 12
В	Check if	applicable.	C Name of organization Gaudeamus Music Ministry, Inc.	ı	) Employ	er identification number
	Address	change	Doing Business As			61-146523
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite	1	Telepho	ne number
	Initial ref	turn	P.O. Box 8	ı		610-291-4255
	Termina	ted	City or town, state or country, and ZIP + 4			<del></del>
	Amende	d return	Blue Bell, PA 19422	10	Gross re	ecelpts \$
	Applicat	on pending	F Name and address of principal officer.			for affiliates? Yes No
				(b) Are all a		
ı	Tax-exe	mpt status				list (see instructions)
J	Website					number >
K	Form of o	organization [		1995	<del>,</del>	of legal domicile PA
Þ	art/l	Summ	ary			
	1	Briefly de	scribe the organization's mission or most significant activities: Gaudeamus	s is a Chr	istian fa	ith-based ensemble of
•	ļ		nal musicians with a passion for sharing their God-given talents through concer			
ဋ			generated from their musical venues are directed to organizations supporting to			
E			nal assistance and children's medical needs.			
Governance	2	Check the	s box ▶☐ if the organization discontinued its operations or disposed of mo	ore than 2	25% of	its net assets.
	3		of voting members of the governing body (Part VI, line 1a)		3	7
80	4		of independent voting members of the governing body (Part VI, line 1b) .		4	
ığı,	5		nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Activities &	6		nber of volunteers (estimate if necessary)		6	30
, ∢	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
!	ь		ated business taxable income from Form 990-T, line 34		7b	
				Prior Yea		Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)		6500	2500
! ž	9		service revenue (Part VIII, line 2g)		26292	25323
Revenue	l		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
ĕ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1877	429
5			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34669	28252
			d sımılar amounts paid (Rart-IX, coប្រក្រាក្ស(A), lines 1-3)		11750	16500
		Benefits r	paid to or for members (Part IX, column (A), line 4)		0	0
10			ther compensation, employee benefits (Part IX) column (A), lines 5–10)		o	0
Expenses	16a	Profession	nal fundraising (ees (Part IX, column (A), line, 11e)		0	0
De l	b	Total fund	lraising expenses (Part'IX, column (D), line 28) ►	MASSACRATICAL MASSACRATION OF THE PROPERTY OF		MASS ASSOCIATION OF THE
$\Xi$	17	Other exp	enses (Part IX, Column (A), lines-1-1a=11d, 11f-24e)	89.718.Co. (C.S.C.)	19234	20566
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		30984	37066
	19	Revenue	ess expenses. Subtract line 18 from line 12		3685	-8814
- ×		110101100		ing of Curr		End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	3 23 4411	50504	41508
Ass	21		lities (Part X, line 26)		0	0
훒	22		s or fund balances. Subtract line 21 from line 20		50504	41508
	rt III		ure Block		00004	41300
			y, I declare that I have examined this return, including accompanying schedules and statements,	and to the	boot of a	ay knowledge, and heliof it is
true	correct	, and comple	te Declaration of preparer (other than officer) is based on all information of which preparer has an	ny knowled	ige	ly knowledge and belief, it is
		1	gostara M. Stewn.	1	1811	
Sig	n i	Signa	ture of officer	Date	101.	<u>~</u>
He			onstance M. STEUER EXECUTIVE DIRECTOR			
	_	Type	or print name and title			
		L <del>',</del>	e preparer's name Preparer's signature Date	,		PTIN
Pai		-	B Walker 12/9/1	<i> </i>	Check & self-emp	<b>_</b>    f
	pare	· —		· <del></del>	<del></del>	301-40-0000
Us	e Only				EIN ►	61.504.1240
May	the IR	Firm's ad S discuss	dress  2931 Clyston Road, Eagleville, PA 19403 this return with the preparer shown above? (see instructions)	Phone	no	61-584-1348
17164			and retain with the preparer shown above ( 1966    1944 to the little and the contract of the			IVITES I IND

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ĺ		
	complete Schedule A	1	ļ	✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>✓</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
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		<b>√</b>
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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	-14225479
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	11b		1
С	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	11c		1
d		11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	$\vdash$	1
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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	<u> </u>	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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, Parts I and IV	14b		<b>√</b>
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		1
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		<b>V</b> ✓
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 (see instructions)	17		1
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.	18		\ <u>\</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III			1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	\ <u>\</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		\ <u>\</u>

Part	Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	~ '		<b></b>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
	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		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	056		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		\ <u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			]
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	15°25'84'	V
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	***		376
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	The state of the s	Place.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	<b>/</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		_
•	Part I	31	1	1
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		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	<u> </u>	<b>/</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l	[	[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		<del>                                     </del>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	}

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V		<u> </u>	
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		素學	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	超速	TO THE	
0-	reportable gaming (gambling) winnings to prize winners?	1c	100 PM	<b>√</b> 525524
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]	20 A		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	8 312 31	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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		✓
b	If "Yes," enter the name of the foreign country: ▶	05,000		7
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	建置		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
С	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			
<b>h</b>	organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	gifts were not tax deductible?	48A	N 8658	2.398
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	數數	4	
	and services provided to the payor?	7a	er-eres	<b>₹</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	推腾	i	类域的
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b> _
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	CHATALES	<b>√</b> 6830.0730
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	建建		獨議
	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	er e	li Bill
9	Sponsoring organizations maintaining donor advised funds.		\Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	I Lily I
а	Did the organization make any taxable distributions under section 4966?	9a	3X415	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	200		感認
а	Initiation fees and capital contributions included on Part VIII, line 12		L MA	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	荡着		影響
11	Section 501(c)(12) organizations. Enter:	探到	鐵剂	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	Chi. Z	المسلط	F 100
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	梅霉素糖	11/24/13
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			2
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	, <u>R</u> (Sá <sub>n</sub>	1
u	Note. See the instructions for additional information the organization must report on Schedule O.	路根線		22.24.21 2.24.21
b	Enter the amount of reserves the organization is required to maintain by the states in which		激網	
-	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		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	990	(2011)

	50 (2011)			Page <b>o</b>
Part	, , , , , , , , , , , , , , , , , , , ,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			ions.
Coati	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>	•	<u> </u>
Secu	on 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	, (Cap)	AMMED	202.254
	If there are material differences in voting rights among members of the governing body, or			多到
	if the governing body delegated broad authority to an executive committee or similar			10,70
	committee, explain in Schedule O.			60.53
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b		機能	影響
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		<b>✓</b>
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	<b>✓</b>
6 7a	Did the organization have members or stockholders?	6		<u> </u>
	one or more members of the governing body?	7a		<b>/</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u></u>		<del></del>
	stockholders, or persons other than the governing body?	7b	}	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		<b>✓</b>
þ	Each committee with authority to act on behalf of the governing body?	8b		1
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		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode )	<b>✓</b>
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		过过	監証
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>V</b>	ļ
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<b>✓</b>	<del> </del>
	describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13	1	ļ
15	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	手基實施例
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<b>√</b>	EV2.768
b	Other officers or key employees of the organization	15b	✓	
40	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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		131.1.2.2	100
	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?	1		T
Secti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request	. f !=+-		alle:
פו	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	וחteו זכ	est p	юнсу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Thomas B Walker; 2931 Clyston Road, Eagleville, PA 19403; 610-584-1348			

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 organization noi	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(C)									
(A)	(B) Position						200	(D)	(E)	(F)
Name and Title	Average			Average box, unless r				Reportable	Reportable	Estimated
	hours per week		_		_	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	(describe	or d	Inst	Officer	Key employee	emg High	Former	the	organizations	compensation
	hours for related	vidu irec	호	ĕ	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	al tn	mal		υjοy	e com		,		and related
	in Schedule O)	Individual trustee or director	Institutional trustee	}	8	pen		1		organizations
		e	tee			Highest compensated employee				
			-				<u> </u>	<del></del>		
(1) Constance Cannon Steuer										
Executive Director	5					✓		1125		
(2) Thomas B Walker										
Treasurer	1			✓				762		
(3) Paul Troy						ļ		į		
Chairman	2	<b>✓</b>					<u> </u>			
(4) Douglas DiSandro										
Director	1	_			<u> </u>	ļ				<del> </del>
(5) Claudia Black								l		
DirectorDirector	1	<u> </u>		_	ļ		<u> </u>	<u> </u>	ļ	
(6) Lisa Rhodes		,				1				
Director	1			<u> </u>	ļ		<u> </u>			
(7) Rosemary Barton					ŀ			i		
Director (2) Pierro Combon	1	<b>✓</b>			<del> </del> -					
(8) Diana Comber		,								
Director	1	<b>✓</b>		ļ	⊢	<u></u>				
(9)								ŀ		
(10)										
						L.,				
(11)										
(12)			-	<u> </u>	$\vdash$		-			
(13)										
(14)	<b>_</b>		_	_						· · · · · · · · · · · · · · · · · · ·
117/										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
					<b>C)</b>					
(A)	(B)	(do n	ot ch	Pos eck		than c	ne	(D)	(E)	(F)
Name and title	Average hours per week		er and	dad		is both or/trust	ee)	Reportable compensation from	Reportable compensation fro related	Estimated m amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation
(15)	:		8			ated				
	<b>-</b>	ļ								
(16)										
(17)	-									
(18)	-									
(19)	-									
(20)	-						ļ			
(21)			-							
(22)										
(23)						<u> </u>				
(24)	<u> </u>				_	<u> </u>	_			
	<b>-</b>						_			
(25)										
Sub-total	VII, Sectio	n A					<b>▶ ▶</b>			
Total number of individuals (including bu reportable compensation from the organ	t not limited					above	e) w	ho received m	ore than \$100,	000 of
3 Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est compens	Yes No ated 3
4 For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (	com	nper	nsatio				the The
5 Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	dual 5 V
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compensation from the organization. Re year.</li> </ol>										
(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
no contractors received more than \$100,000										
	<del></del> -									
2 Total number of independent contractor	ors (includir	ng bi	ıt n	ot I	imıt	ed to	th	ose listed abo	ove) who	TO SEE SECTION OF THE SEE
received more than \$100,000 of compen										Form <b>990</b> (2011)

Part	VIII	Statement of Revenue					
が対象が				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a	0				[1] "是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
S a	b	Membership dues 1b	0				
A G	С	Fundraising events 1c	0				
G∰ Fi	d	Related organizations 1d	0				
ns,	е	Government grants (contributions) 1e	0		Maria San San San San San San San San San Sa		
er S	f	All other contributions, gifts, grants,					
년 된		and similar amounts not included above 1f	2500	<b>那</b> 麻吞吐起			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$	2500	"ESTE SAVE A	<b>学是是是</b>		
	h	Total. Add lines 1a-1f	Business Code	2500	· 对证据的知识的 " " " " " " " " " " " " " " " " " " "	THE THE STATE OF T	Programme and sampling
Program Service Revenue	20	Spansorships	- Business Code	8500	9500		
ě	2a b	Sponsorships Free Will Offerings	<u> </u>	8500 8524	8500 8524		<del></del>
8	C	Direct Contributions		7904	7904		
Ξ	d	Raffle and Food Sales		395	395		
Š	u a	Admie and I dod Jales			393		
gra	f	All other program service revenue.		0	0		
ŏ	g	Total. Add lines 2a–2f	<b>-</b>	25323			Azer a van avangeren
	3	Investment income (including divid			CANCEL AND SECTION CONT. SEC.	TECHNIC D. YOUR BASKET	The state of the state of the country
		and other similar amounts)	•	o			
	4	Income from investment of tax-exempt be	ond proceeds ►	0			<del> </del>
	5	Royalties	•	0			
		(i) Real	(ii) Personal	Salar Williams	TO THE PARTY OF TH	MAN TO THE PARTY OF THE PARTY O	RESOLATE TREETS.
	6a	Gross rents					<b>经验证的</b>
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>	0			
	7a	Gross amount from sales of (i) Secunties	(ii) Other		WATER	<b>经验证证据</b>	<b>建筑水板等6</b> 点
		assets other than inventory					
	Ь	Less: cost or other basis				ACCUPATION OF	
		and sales expenses .					
l	C	Gain or (loss)	L		ZAKA TANA		
	d	Net gain or (loss)	<u> </u>	0	A UTERA BART LANGE	THE PLANT OF STREET, AND STREE	SASKALINATION L. Hol
<u>o</u>	00	Gross income from fundraising					
eune	8a	events (not including \$			Market be		<b>新教工作</b>
ě		of contributions reported on line 1c).					
F		See Part IV, line 18 a				THE WAY	可是在特別
Other Rev	ь	Less: direct expenses b					
0	c	Net income or (loss) from fundraising		0		2.44	
	9a	Gross income from gaming activities.		242245	NAME OF THE PARTY OF		AUGUSTAN DER BEN
		See Part IV, line 19 a					
	ь	Less: direct expenses <b>b</b>					
	С	Net income or (loss) from gaming acti	ivities ►	0	Day Chamber and Con-	SECOND COLUMN	in the state of the state of the
	10a	Gross sales of inventory, less		WILL THERE	<b>分类的数据</b>	AND AND POLICE	THE PROPERTY OF THE PROPERTY O
		returns and allowances a	857				
	b	Less: cost of goods sold b			<b>是是是是</b>	THE TAX AND THE	THE STATE OF THE S
	С	Net income or (loss) from sales of inv		429			
		Miscellaneous Revenue	Business Code	74111278A	13個黑空間	THE THE PARTY OF T	<b>经验的企业</b>
	11a						ļ
	b						ļ
	С				ļ		
	d	Ali other revenue	L	<del> </del>	Miles, Y Barre 11 to Arrival also . F . a 1	Za. 19556 - September 3	Topolitan Good Color Society
	e	Total. Add lines 11a-11d	🟲			社員對於於一個的	化广门图形 建基础的
	12	<b>Total revenue.</b> See instructions	🟲	28252	I	I	i

#### 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 respon	ise to any question	in this Part IX		<u></u> 🛘
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	750	750		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	15750	15750		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16		10700		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits				
b b	Legal	763		763	
d e f	Lobbying			DAMAZAKAT.	
g	Other	8150	8150		
12	Advertising and promotion	1599	1599		
13	Office expenses	491	491		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	819	819		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	200	200		
23	Insurance	E HARLING A THE EATTH AND ESTATE OF	How every a protocol of the extrement	Late to the second seco	Later and the sea of the Care
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Rental Expense	850	850	to me je i se en to 748 Date Mary	
b	W/O CDs	5000	5000		
C	Contributed goods and services	2500	2500		
d		0	0		
е	All other expenses	194	194		
25	Total functional expenses. Add lines 1 through 24e	37066	36303	763	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Ρ	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	23324	1	20239
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	26980	8	21451
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	<b>新加州市市</b>	學	<b>主在如此对社会主题</b>
	i	other basis. Complete Part VI of Schedule D 10a 2950		and the	
	b	Less: accumulated depreciation 10b 2950	200	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	50504	16	41690
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	E. W. C. Commission . Towns Santon Inc.	21	In the same of the same of the same of the same of
Liabilities	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		23	
	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		25	
	26		·	25 26	
	20	Total liabilities. Add lines 17 through 25	} 德式 354 (2014) 文字是是 <b>是</b> 的图像的概念	720 735/75/1	THE HIGH LINE THE WASH
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
ह	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here ▶ □ and	<b>建設的</b>		
5		complete lines 30 through 34.		逐步"	
ş	30	Capital stock or trust principal, or current funds	50504	30	41690
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances . `	50504	33	41690
	34	Total liabilities and net assets/fund balances	50504	34	41690

orm 99	0 (2011)		Pag	ge <b>12</b>
Parl	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>· ·</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		2	8252
2	Total expenses (must equal Part IX, column (A), line 25)		3	7066
3	Revenue less expenses. Subtract line 2 from line 1		-	8814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		5	0504
5	Other changes in net assets or fund balances (explain in Schedule O)			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))		4	1690
Part				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<del></del>	<u> </u>
1	Accounting method used to prepare the Form 990:	医毛毛	Yes	No
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	<b>√</b>	<u></u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	t 🗔	1	_
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	Э 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	n <b>3a</b>	Sept Hind	<b>√</b>

**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 **990** (2011)

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

#### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

61-1465232 Gaudeamus Music Ministry, Inc 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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. a 🔲 Type I **b** Type II c Type III-Functionally integrated d ☐ Type III-Other 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the in col (i) listed in your support organization (described on lines 1-9 organization in col col (i) of your support? governing document? (i) organized in the above or IRC section US? (see instructions)) Yes Vas No Yes Nο No (A) (B) (C) (D) (E)

Total

	EX (1 0111 350 01 550-122) 2011							ge Z
Part								
	(Complete only if you checked the						alify under	r
Sooti	Part III. If the organization fails to	quality und	er the tests is	stea below, p	lease comple	ete Part III.)	<del>-</del>	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(=) 0007	(h) 0000	(-) 0000	(-1) 0040	(-) 0044	(A T-1-)	
1	Gifts, grants, contributions, and	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
'	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the							
_	organization's benefit and either paid					ŀ		
	to or expended on its behalf							
3	The value of services or facilities						. ,	
	furnished by a governmental unit to the				i			
	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.					<del> </del> -		
	on B. Total Support				<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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. Do not include gain or					1		
	loss from the sale of capital assets							
	(Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the	e organizatioi	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	n 501(c)(3)	
	organization, check this box and stop he	re	<u></u>	· · · · ·	· · · · ·	<u> </u>	▶	
	on C. Computation of Public Suppor			<del></del>		T		
14	Public support percentage for 2011 (line 6					14		%
15 16a	Public support percentage from 2010 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organiz					15 or more o	hook this	%
100	box and <b>stop here.</b> The organization qual							
b	331/3% support test-2010. If the organ							u
-	check this box and <b>stop here.</b> The organi						. •	
17a	10%-facts-and-circumstances test - 20		-	-		a, or 16b, and	line 14 is	
	10% or more, and if the organization med							
	Part IV how the organization meets the "fa							
	•						. ▶	
b	10%-facts-and-circumstances test - 20	10. If the orga	anization did n	ot check a box	on line 13, 16	6a, 16b, or 17a	, and line	
	15 is 10% or more, and if the organizat	ion meets the	facts-and-c	rcumstances"	test, check th	nis box and st	op here.	
	Explain in Part IV how the organization m							
40	supported organization							
18	Private foundation. If the organization die	a not check a	DOX ON line 13	, 16a, 16b, 17a	i, or 1/b, chec	K this box and	see	

#### 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.)

Casti	A Public Support	dilder the tes	is listed belo	w, please col	ilpiete r art il	·· <i>)</i>	
	on A. Public Support	(a) 2007	(h) 2000	(a) 2000	(4) 2010	(-) 2011	/6 Total
Caleni 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	received (Do not include any "unusual grants.")	2000	2000	7500	6500	3500	20500
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	22296	19040	25629	6500 28169	2500 25752	20500 120886
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			ŀ			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						_
6	Total. Add lines 1 through 5	24296	21040	33129	34669	28252	141386
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	24296	21040	33129	34669	28252	141386
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	24296	21040	33129	34669	28252	141386
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			•	ar as a section	1 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8	3, column (f) dıv	rided by line 13	3, column (f))		15	100 %
16	Public support percentage from 2010 Sch	iedule A, Part II	II, line 15 .	<u> </u>	<u></u>	16	100 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (I	ine 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	0 %
18	Investment income percentage from 2010					18	0 %
19a	331/3% support tests—2011. If the organi						
	17 is not more than 331/2%, check this box					=	
b	331/3% support tests – 2010. If the organiz line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, cl	heck this box a	and see instruc	tions 🕨 🔲

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
·		<b>-</b>
		·
		*******
		·
·	······································	
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#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

Yes," to Form 990,

**Employer identification number** 

20**11** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Gaude	eamus Music Ministry, Inc.	61-1465232
Par	Organizations Maintaining Donor Advised Funds or Other Similar I	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 asset	ts held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal co	
6	Did the organization inform all grantees, donors, and donor advisors in writing that	
•	only for charitable purposes and not for the benefit of the donor or donor advisor,	
	conferring impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Ye	es" to Form 900 Part IV June 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 education)	
		n of a certified historic structure
^	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	oution in the form of a conservation
	easement on the last day of the tax year.	No. of the last of
		Held at the End of the Tax Year
а	Total number of conservation easements	<b>2</b> a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a) .	
d	Number of conservation easements included in (c) acquired after 8/17/06, and r	not on a
	historic structure listed in the National Register	1 20
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the
	tax 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?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservat	tion easements during the year
	•	3 ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e	easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	nts of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · Yes · No
9	In Part XIV, describe how the organization reports conservation easements in its reve	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's	s financial statements that describes the
	organization's accounting for conservation easements.	The state of the s
Part		or Other Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	
14	works of art, historical treasures, or other similar assets held for public exhibition	
	public service, provide, in Part XIV, the text of the footnote to its financial statements	that describes these stome
<b>h</b>		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	its revenue statement and balance shee
	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 sim	nilar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	se items:
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	<b>b</b> ¢

Page	2

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	ds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIV.	tion's collections	and expla	un how t	hey further	the org	janization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra							
	line 9, or reported an amoun	<del>-</del>	•	_	, ai ii zati oi i	Q. 10110		o 000, r a.r. rr,
	<del> </del>				or contribut	tions or	other assets	not
	included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa							
-	iii 100, Oxpiaii iio arrangement iii i	ant sar and comp	1010 1110 10	moving a	<b>u</b> b.o.			Amount
С	Beginning balance					10	:	
d	Additions during the year					10	<del></del>	<del></del>
е	Distributions during the year					1e	,	
f	Ending balance					1f		
2a	Did the organization include an amour							. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa		,					
Part		ete if the organi	zation ar	swered	"Yes" to F	orm 9	90, Part IV, lir	ne 10.
		(a) Current year		or year			(d) Three years ba	
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses		İ					
d	Grants or scholarships	-						
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.					
3а	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(II), are the related organi							. <u>3b</u>
_4_	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip			art X, lın	<u>e 10.</u>			
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		2950				2950	0
e	Other	·						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, columr	n (B), line 10	O(c).)	▶	0

Part VII	Investments-Other Securities	es. See Form 990, Part X	, line 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financia	derivatives	·		
• •	neld equity interests	· <u> </u>		
(3) Other				
(A)				
(B)				
(C)			<u> </u>	
(D) (E)			<del> </del>	
(F)				- · · · · <u> · · · · · · · · · - ·</u>
(G)			<del></del>	
( <del>G</del> )				
(1)			<del>                                     </del>	<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.)		<del> </del>	
Part VIII	Investments—Program Relat		K. line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	(-,,	(4) = 10.11 (4.10)	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
_(8)				
_(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990,	Part X, IINE 15. (a) Description	<del></del>	(b) Book value
		(a) Description		(b) Book value
_(1)				
(2)				
<u>(3)</u> <u>(4)</u>	<del></del>		<del></del>	···
(5)				
(6)				<del></del>
(7)				
(8)				<del> </del>
(9)				·
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X	col. (B) line 15.)		
Part X	Other Liabilities. See Form 99	0, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
<del></del>	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	·			
(8)		<del></del>	_	
(9)		<del></del>	_	
(10)			_	
(11)	(h) must sound Form 000. Dark V and 700 har of 1		4	
	(b) must equal Form 990, Part X, col (B) line 25.)		the assessment of the second states	anto that you - to the
	n's liability for uncertain tax positions		o the organization's financial statem	ents that reports the
organization	is natinity for uncertain tax positions	3 GINGELL IN 40 (ASC 740).		

Schedu	e D (Form 990) 2011			Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	28252
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	37066
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-8814
4	Net unrealized gains (losses) on investments		4	
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 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	-8814
Part	XII Reconciliation of Revenue per Audited Financial Statement	ents With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	28252
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	1 1	
b	Donated services and use of facilities	2b	$\neg$	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	28252
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		☐ 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	28252
Part	XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses	per Return	
1	Total expenses and losses per audited financial statements		1	37066
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	_] ]	
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		3	37066
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	37066
Part	XIV Supplemental Information		. <u>-</u>	
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, liditional information.			
			·	

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
	······································	
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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**%**□ **Employer identification number** ✓ Yes 61-1465232 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Gaudeamus Music Ministry, Inc. Name of the organization Part I Part II

to Form 990, Part IV, line 21, for any recipient I	, line 21, for any r	ecipient that rec	eived more than	\$5,000. Check	this box if no one	that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	than \$5,000.	
Part II can be duplicated if additional space is	ated if additional	space is needed					_ ▲	$\Box$
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ì
(1)						:		ı
(2)								1
(6)								1
(4)								1
(5)								1
(9)								1
ω								ı
(8)								1
(6)								1
(10)								1
(11)								1
(12)								i .
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and govorganizations listed	ernment organizati in the line 1 table	ions listed in the line 1 table	ne 1 table				1 :

Schedule I (Form 990) (2011)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance recipients	(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 Scholarships	2	2000			
2 Scholarships	1	4000			
3 Scholarships	1	2000			
4 Scholarships	-	1500			
5 Family's Memorial Fund	-	3000			
6 Epiphany of Our Lord Church	-	750			
.⊡	1	250			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pro	vide the information	n required in Part I,	line 2, and any other adc	ditional information.

Schedule I (Form 990) (2011)

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection **Employer Identification number** 

Gaudeamus Music Ministry, Inc.	61-1465232
PART III, 4d - Other Program Services	
Marketing & Promotional Expenses \$1,599; Office Supplies \$491; Food & Beverages \$819; Rental Ex	kpense \$850;
Contributed music Ss \$2,500; Other Contributed Services \$2,500;	
PART III, 4d - Other Revenues	
Sale of CDs \$857; Raffle proceeds \$395; Donations for memorial service background music \$916.	
PART VI, Section B, 11b -	
The Form 990 was prepared by the organization's Controller; the controller reviewed the document in	n detail with the organization's
Executive Director; prior to filing, the Form 990 was distributed to the entire Board of Directors. The	y were asked to provide any comments
and questions prior to filing the Form 990.	
PART VI, Section B, 12c	
Directors are questioned annually at Board meetings and requested to disclose any conflicts of interest.	ests.
PART VI, Section B, Line 15b	
The organization's Executive Director is reimbursed for concert performances at a rate that is consumed to the organization of	nmate with the other musicians in
the ensemble.	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Notes of the organization  Employer Identification number	Schedule O (Form 990 or 990-EZ) (2011)	Page 2
	Name of the organization	Employer identification number
		••••••