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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Α	For the 2	:013 calen	dar year, or tax year beginning , 2013, and ending				,
В	Check if app	licable	C Name of organization CHARLESTON ACADEMY OF MUSIC		D Employ	er Ident	fication Number
	Addres	s change	Doing Business As		01-	0739	765
	Name	-	Number and street (or P O box if mail is not delivered to street address) Room/su	ıte	E Telepho		
	Initial re	-	PO BOX 22364	ļ	(84	31 B	05-7794
	H		City or town, state or province, country, and ZIP or foreign postal code		F0)	3) 0	05 1194
	Termin				C -		¢ 227 742
	\vdash	ed return	CHARLESTON SC 29413-2		G Gross r		
	Applica	ition pending	1	l(a) Isthisa l(b)	-		□ □
			EUNJOO YUN PO BOX 22364 CHARLESTON SC 29413	l(b) Are all s If 'No,' a	subordinates ittach a list (included see instri	Yes No
<u> </u>	Tax-exer	npt status	X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527				
j	Websit	e:► WW	W.CHARLESTONMUSIC.ORG	i(c) Group e	exemption nu	mber	·
K	Form of o	rganization	X Corporation Trust Association Other ► L Year of formation	2001	_ M s	State of le	gal domicile SC
Pa	art I	Summar	у				
	1 Brid	efly describ	be the organization's mission or most significant activities SEE SCH O)			
a							
٤							
Governance							-
8	2 Ch	eck this bo	x If the organization discontinued its operations or disposed of more that	an 25% of	f its net as	ssets.	
Ğ	3 Nu		ting members of the governing body (Part VI, line 1a)			3	4
Activities &	4 Nu		dependent voting members of the governing body (Part VI, line 1b)			4	4
≘	5 Tot		of individuals employed in calendar year 2013 (Part V, line 2a)			5	11_
흦	6 Tot		of volunteers (estimate if necessary)			6	13
ď	1		d business revenue from Part VIII, column (C), line 12			7a	0.
	b Ne	t unrelated	business taxable income from Form 990-T, line 34	· · · · ·		7b	.
Revenue				Pı	rior Year		Current Year
	1		and grants (Part VIII, line 1h)		59,2		87,891.
		-	ice revenue (Part VIII, line 2g)		227,2	236.	249,726.
ě			come (Part VIII, column (A), lines 3, 4, and 7d)				123.
ш	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		286,4		337,740.
			milar amounts paid (Part IX, column (A), lines 1-3)		4,0	65.	5,467.
	1		to or for members (Part IX, column (A), line 4)				
Ø	15 Sa	laries, othe	er compensation, employee benefits (Part IX philms (A), lines 5-10)		128,7	52.	159,436.
Expenses	16a Pro	ofessional t	fundraising fees (Part IX, column (A) line 11e) · · · · · · · · · · · · · · · · · · ·				
þe	h Tot	al fundrais	es (Part IX, column (D), line 25) NOV 17 2014 2 2 2 4 7.				
ŭ	17 Oth		es (Part IX, column (A), lines 11a-11d (2)-24e)		142 (- 7 0	1.62.01.6
	17 Ou	ier expens	es (Fart IX, Coldmir (A), illies 11a-11o(3)-24e)	<u> </u>	142,6		162,916.
	18 Tot	aı expense	es Add lines 13-17 (must equal Part IX, column (A), inde 281	<u> </u>	275,4		327,819.
- x 8	19 Re	venue less	es Add lines 13-17 (must equal Part IX, column (A), line 351, UT.	1	10,9		9,921.
a se				Beginnin	g of Curre		End of Year
\$ E	20 To		Part X, line 16)		141,6		166,568.
Net Assets of Fund Balances	21 To		s (Part X, line 26)	ļ		391.	15,493.
	22 110	t assets or	fund balances Subtract line 21 from line 20		141,2	<u> 56.</u>	<u>151,075.</u>
Pa	art li	Signatu	re Block				
Und	er penalties c	f perjury, I de	dare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowl	edge and be	lief, it is ti	ue, correct, and
com	piete Deciara	ation of prepar	er (other than officer) is based on all information of which preparer has any knowledge	··	. ,		
		1 Za	noa m		<u> 1/11/</u>	14	
Sig	gn	Signati		Dat	ie *		
He	re	ta	tion Yun president				
		Туре о	(nnt)name and title				
		Print/Type p	preparer's name Propagarer's subsaurre Date		Check 2	₹ If	PTIN
Pa	id	BE IAN	HUSSAIN PLAN = 11/11/2	014	self-employe	ed	Po1606623
	eparer	Firm's name					
	e Only	Firm's addre			Firm's EIN	-	
	•		CHARLESTON SC 29422		Phone no 6		8/3-6000
Ma	v the IRS	discuss the	s return with the preparer/shown above? (see instructions)	l			. Yes X No
-	-			NO101 11/08	2/13		Form 990 (2013)
-	יר או יירע	hei Maiy L	readenen net iteliee, see ille separate ilistractions.	10101 11/06) (O		1 0001 330 (2013)

			-0739765	Page 2
Par		atement of Program Service Accomplishments		
•		eck if Schedule O contains a response or note to any line in this Part III	· · · · · · · · ·	<u>x</u>
1	-	cribe the organization's mission		
	SEE SCI	H_O		
				
	-			- -
2		anization undertake any significant program services during the year which were not listed on the prior		
		or 990-EZ?	· · · · U Yes	X No
		scribe these new services on Schedule O		
3	_	anization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	•	scribe these changes on Schedule O		
4	Section 50	ne organization's program service accomplishments for each of its three largest program services, as meat 1(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grat total expenses, and revenue, if any, for each program service reported.	isured by expensints and allocation	ses ns to
4 a	(Code) (Expenses \$ 65,103. including grants of \$ 0.) (Revenue	Je \$ 2	32,720.)
	The ord	ganization conducted an Academy program in 2013. This program		
		, voice, violin, plano and other musical instruction to 180		
		nts drawn from throughout the area. The program was conducted	by	
	20 exi	persenced music teachers and typically lasted for 30 lessons.	_~	
	750 50			
	(Code) (Expenses \$ 55,737. including grants of \$ 5,467.) (Revenue		
	provide student	qanızatıon conducted an honors program in 2013. This program ed music lessons on an intensive level to select, young, talen ts who demonstrate a financial need.	ted	
4 0	(Code.) (Expenses \$ 100,039. including grants of \$ 0.) (Revenue	ıe Ś	5 486)
-7 u	The ord	ganization conducted an outreach program called kidzymphony in ogram works in selected schools to identify and work with disate provide viola, cello, and violin lessons for 3 days in each f the school year.	2013 dvantaged	
4 -	Other === :	rom convene (Decembe in Schedule O.)		
40	Other prog (Expenses	ram services(Describe in Schedule O) \$\ \\$\ including grants of \\$\ \) (Revenue \\$)
40	·- ·- · · · · · · · · · · · · · · · · ·	gram service expenses ► 220,879.	•	·
BAA		TEEA0102 07/02/13	For	m 990 (2013)

Par	n 990 (2013) CHARLESTON ACADEMY OF MUSIC 01-073976 rt IV Checklist of Required Schedules	_		
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		х
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	4		х
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		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
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		Х
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			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х	
ŧ	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	11 b		Х
C	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	11 c		Х
C	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ŧ	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 and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	_
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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		Х
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		х
19	complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	J	1

		Г	Yes	No
•			163	110
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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	x	
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? <i>If 'Yes,' complete Schedule J </i>	23		Х
24 a	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 25a	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
•	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	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	254		Х
	Schedule L, Part I	25b	_	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	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	27		Х
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).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	20		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	30 31		X
31		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If 'Vos' to line 35a, did the organization receive any narrount from or engage in any transaction with a controlled			
	of Yes' to line 35a, 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		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If Yes, complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2013)

Form 990 (2013) CHARLESTON ACADEMY OF MUSIC 01-0739765	;	Р	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			Ť
Check if Schedule O contains a response or note to any line in this Part V			. Г
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	-		
ments, filed for the calendar year ending with or within the year covered by this return 2 a 11 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has It filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a 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, secunties account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: >			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ا ۔ ۔	i	Х
	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_^
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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 as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	1		
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	1		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ľ	1	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		İ	
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		į	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		_

Form	990 (2013) CHARLESTON ACADEMY OF MUSIC 01-0739765		P	age 6
Par	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	, and	f for	
•	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	n		
	Schedule O. See instructions.			[J]
500	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	· X
Sec	tion A. Governing Body and Management		Yes	No
1 -	a Enter the number of voting members of the governing body at the end of the tax year 1 a 4		res	NO
	If there are material differences in voting rights among members			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ŀ	Enter the number of voting members included in line 1a, above, who are independent	i l		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents	.		
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	a 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?	7 a		X
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,	ا ہے ا		,,
_	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		İ	
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	of 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?	10 b		ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	37	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
L	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			١
	The organization's CEO, Executive Director, or top management official	15a		X
C	Other officers of key employees of the organization	15 b	_	X
40-	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	.		
168	taxable entity during the year?	16a		x
	of 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 taken steps to safeguard the	, ,		1
	organization's exempt status with respect to such arrangements?	16 b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed South Carolina	- - -		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply	for pu	blic	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19		le to		
13	the public during the tax year	C IU		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n.		
•	EunJoo Yun 189 Rutledge Ave Charleston SC 29403 (84	13) 8	<u>30</u> 5-	7794
BAA			990 (

Form 990 (2013)	CHARLESTON ACADEMY OF MUSIC	01-0739765 F	Page 7
Part VII Col	mpensation of Officers, Directors, Trustees, Key Employees, Hependent Contractors	lighest Compensated Employees,	and
Che	eck if Schedule O contains a response or note to any line in this Part VII		. 📙

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

- 1 a 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 nor any related organization compensated any current officer, director, or trustee.										
				(0	;)	<u>-</u>				•
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable comparation from	(F) Estimated amount of other compensation
	week (list any hours for related organizations below dotted line) week (list week (list organizations) week (list organizations) lindividual trustee or director trustee		(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations					
(1) MARTIN USTIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) ED MEYER	1.00]								
SECRETARY		Х		Χ				0.	0.	0.
(3) ANDREA PATRICK	1.00									
BOARD MEMBER		Х	Ш					0.	0.	0.
_(4)_LEO_FISHMAN CHAIRMAN/TREASURER	1.00	X		Х				0.	0.	0.
(5) EUNJOO YUN	50.00				_					
PRESIDENT	73203	1		х	х			47,500.	0.	3,317.
(6)										
_(7)										
								-		
(9)										
(10)										
(11)										
(12)										. ,
<u>(13)</u>								· ···		<u></u>
(14)										
	•	•			•	•	•	·		

Page 8

Part VII Section A. Officers, Directors, Ir	(B)	<u>Ney</u>	En		bye C)	es,	and	a Hignest Con	ipensated Emp	loyee	S (continued)
(A) Name and title	Average hours per week	box	, unle	heck ss pe nd a c	rson i firecto	than o s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amoi	(F) stimated int of other pensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the anization d related anizations
(15)											
(16)		<u> </u>									.
(17)	_										
(18)		-									
(19)											
(20)		-									
(21)											
(22)		 									
(23)		 									
(24)											
(25)											
1 b Sub-total							►	47,500.	0.		3,317.
d Total (add lines 1b and 1c)							eive	47,500. d more than \$100,0	0. 000 of reportable co	npensa	3,317. tion
from the organization 0											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it										. 3	Х
For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150,	000?	nsat If 'Y	tion 'es'	and com	othei plete	r coi Sch	mpensation from hedule J for		. 4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	compensat	ion fr	om a	any I for	unre	lated	org	anization or individ	dual	5	X
Section B. Independent Contractors	•										
 Complete this table for your five highest compensation from the organization. Report compensation. 	ensation fo	r the	cale	ntrac	r yea	that er en	rec	eived more than \$1 with or within the	organization's tax ye	ar.	
(A) Name and business addr	ess							(B) Description o			C) ensation
	 .	····		-						<u>-</u>	
2 Total number of independent contractors (including	_	nıted	to th	ıose	liste	ed ab	ove) who received mo	re than		···
\$100,000 of compensation from the organization	D 0	TEEAC	108	11/1	1/13				 	Form	990 (2013)

Par	t VI	II Statement of Revenu Check if Schedule O contain		once or pate to any lin	o in this Dort VIII		·*.	
•		Check ii Schedule O contail	is a resp	onse or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		Federated campaigns Membership dues				revenue		312-314
8 5		•		- 				
TS &		Fundraising events		+				
9 2		Government grants (contributions)						
SIS		•		22,874.				
夏里	f	All other contributions, gifts, grants, a similar amounts not included above.	nd . 1 f	65,017.				
₩ 5		Noncash contributions included in lin		J 097017.				
SE	_	Total. Add lines 1a-1f		'	87,891.			
<u>"</u>				Business Code	87,031.			
KEN KEN	2 a	Tuition Fees		611600	249,690.	249,690.	0.	0.
22		Music Sheet		611600	36.	36.	0.	0.
2	С							
SER	d	'						
A	е							
8		All other program service reve	nue			·		
<u>~</u>	g	Total. Add lines 2a-2f			249,726.	<u>.</u> .		
	3	Investment income (including other similar amounts)	dıvıdends	, interest and	123.	0.	0.	123.
	4	Income from investment of tax	-exempt	bond proceeds 🗲				
	5	Royalties						
			(ı) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	Securities	(II) Other				
	7 a	Gross amount from sales of assets other than inventory	Securilles	(ii) Other				
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising	events					
₹.		(not including . S		_				}
Ē		of contributions reported on lin	•					1
OTHER REVENUE		See Part IV, line 18						
OTH		Less direct expenses						
_		: Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac See Part IV, line 19	tivities.	а				
	b	Less: direct expenses		b	İ			
	С	: Net income or (loss) from gam	ing activi	ties ▶				
	10 a	Gross sales of inventory, less and allowances	retums	a				
	b	Less. cost of goods sold		b				
	C	Net income or (loss) from sale	s of inver	ntory				
		Miscellaneous Revenue		Business Code				
	11 a	 			,			
	b) 						
	C	; 		ļ			· · · · · · · · · · · · · · · · · · ·	
	_	All other revenue						
	1	Total. Add lines 11a-11d						
	12	Total revenue. See instruction	15	· · · · · · · · · · · · · · · · · · ·	337,740.	249,726.	0.	123.

Part IX Statement of Functional Expenses

	not include amounts reported on lines 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	5,467.	5,467.		
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	47,500.	8,060.	21,950.	17,490.
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 salanes and wages	92,525.	65,585.	22,310.	4,630.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,158.	5,021.	2,137.	0.
10	Payroll taxes	12,253.	8,685.	2,955.	613.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,210.	0.	1,210.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
-	Investment management fees				
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79 , 759.	78,823.	772.	164.
12	Advertising and promotion	5 , 810.	1,162.	3,486.	1,162.
13	Office expenses	8,062.	1,870.	6,192.	0.
14	Information technology	10.	0.	10.	0.
15	Royalties			·-	
16	Occupancy	43,651.	31,409.	10,171.	2,071.
17	Travel	1,891.	525.	971.	395.
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				
23 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.)	2,877.	0.	2,877.	0.
а	·				
b)				
C	:				
d	·				
e	All other expenses	19,646.	14,272.	4,452.	922.
25	Total functional expenses Add lines 1 through 24e	327,819.	220,879.	79,493.	27,447.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
-			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	19,737.	1	27,213.
	2	Savings and temporary cash investments	96,665.	2	119,008.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,245.	4	2,347.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	·	5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h	Less accumulated depreciation	18,000.	10 c	18,000.
	11	Investments — publicly traded securities	10,000.	11	10,000.
l	12	Investments – other securities See Part IV, line 11	·	12	
	13	Investments – program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
		Other assets. See Part IV, line 11		15	
	15	-			1.55 5.50
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	141,647.	16 17	166,568.
	18	Grants payable	391.	18	3,082.
Ì	19	Deferred revenue		19	12,411.
	20	Tax-exempt bond liabilities		20	1411.
+	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B		Loans and other payables to current and former officers, directors, trustees,		21	
A B I L I T I	22	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
S	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	Total liabilities. Add lines 17 through 25	391.	26	15,493.
ZET.		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets	141,256.	27	151,075.
Ĕ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
뭐		Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	32	Total net assets or fund balances	141 056	 	151 035
Ĕ	33	Total liabilities and net assets/fund balances	141,256.	33	151,075.
S	34	Total nationals and het assets/fullo balances	141,647.	34	166,568.

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Form **990** (2013)

Form	990 (2	2013)	CHARLESTON ACADEMY OF MUSIC 01-	0739765		Pa	ge 12
Parl	t XI	Reco	nciliation of Net Assets				
			if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total	revenue	(must equal Part VIII, column (A), line 12)	1	33	37,7	40.
2	Tota!	expense	s (must equal Part IX, column (A), line 25)	2	32	27,8	19.
3	Reve	nue less	expenses Subtract line 2 from line 1	3		9,9	21.
4	Net a	ssets or	fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	11,2	56.
5	Net u	nrealized	d gains (losses) on investments	5			
6	Dona	ted servi	ces and use of facilities	6			
7	Inves	tment ex	penses	7			
8	Pnor	репод а	djustments	8		-1	02.
9	Other	change	s in net assets or fund balances (explain in Schedule O)	9			
10	Net a	ssets or	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
				10	15	1,0	<u>75.</u>
Par	t XII	Finan	cial Statements and Reporting				
		Check	If Schedule O contains a response or note to any line in this Part XII				. \square
						Yes	No
1	Accou	unting m	ethod used to prepare the Form 990. Cash X Accrual Other				
	If the	01000170	tion changed its method of accounting from a prior year or checked 'Other,' explain				
		nedule C					
2 a	Were	the orga	inization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
			a box below to indicate whether the financial statements for the year were compiled or reviewed on a s, consolidated basis, or both.				
		Separat	e basis Consolidated basis Both consolidated and separate basis				
b	Were	the orga	inization's financial statements audited by an independent accountant?		2 b		Х
			a box below to indicate whether the financial statements for the year were audited on a separate				
	basis	•	dated basis, or both				
	Ш	Separat			}		i
С	If 'Yes	s' to line w, or con	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi- pilation of its financial statements and selection of an independent accountant?	i, 	2 c		
		organiza nedule C	ation changed either its oversight process or selection process during the tax year, explain				
3 a	As a i Audit	result of Act and	a federal award, was the organization required to undergo an audit or audits as set forth in the Single OMB Circular A-133?		3 a		Х
b	If 'Yes	s,' did the	e organization undergo the required audit or audits? If the organization did not undergo the required au	dıt			l
	or au	dits, exp	ain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b		
					Earm	000 //	20421

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

CHAR	LEST	ON ACADEMY	OF MUSIC						01-0	739765	5		
Part	I Re	ason for Pub	lic Charity Status	(All organizations i	must co	mplet	e this p	art.) S	ee inst	ruction	s.		
The or	ganizat	ion is not a private	foundation because it	is: (For lines 1 through	11, check	only or	ne box)						
1	A cl	nurch, convention	of churches or associa	ition of churches describ	ed in sec	tion 17	0(b)(1)(A	۸)(i).					
2	X A so	chool described in	section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	□ A h	ospital or a cooper	ative hospital service i	organization described in	section	170(b)	(1)(A)(iii).					
4	\square_{Am}	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
Į.	∟ nam	ne, city, and state:		·				• • • •			•		
5	☐ An e		ited for the benefit of a	college or university ow	ned or o	perated	by a gov	emmen	tal unit d	escribed	in section		. — —
6				ernmental unit described	ın sectio	n 170(Ł)(1)(A)(/).					
7			ormally receives a sub A)(vi). (Complete Part	stantial part of its suppo	rt from a	governi	mental u	nit or fro	m the ge	eneral pu	blic describ	ed	
8	A co	ommunity trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9	└── fron Inve Jun	n activities related estment income an e 30, 1975 See se	to its exempt functions of unrelated business to the control of th		ceptions, tion 511	and (2) tax) fror	no more n busine	than 33 sses ac	3-1/3% o	fits supp	ort from gro	SS	
10	_	-	•	dusively to test for public	•								
11	└─/ mor	e publicly support	ed organizations descr	clusively for the benefit of the din section 509(a)(1) in and complete lines 11e	or section	on 509(a	functions a)(2). Se	of, or o	arry out n 509(a)	the purp (3). Che	oses of one ck the box t	or hat	
	_ a	Type i b	Type II c	Type III – Function	ally integ	rated	•	1] -	Гуре III -	– Non-fu	nctionally in	tegrate	ed
е	└ othe	checking this box, er than foundation tion 509(a)(2)	I certify that the organi managers and other th	zation is not controlled d nan one or more publicly	lirectly or supporte	indirected organ	ly by one nizations	e or mor describ	e disqua ed in sec	lified per ation 509	rsons (a)(1) or		
f		e organization rec		nation from the IRS that	is a Typ	e I, Typ	e II or Ty	pe III su	pporting	organiza	ation,		. [
g	Sind	ce August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followir	ıg persol	ns?			
										_		Yes	No
	(i)	A person who d below, the gove	irectly or indirectly con ming body of the supp	trols, either alone or toge orted organization?	ether with	persor	ıs descri	oed in (i	and (III) 	. 11 g (i)	}	
	(ii)	A family member	er of a person describe	d in (ı) above?							. 11g (ii)		
	(iii)			scribed in (i) or (ii) above									
h	٠,		•	supported organization(s							11 g (iii)	لـــــا	L
· · · · ·	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organiza column (I) your go docur	ation in listed in reming	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organize U S	ation in in (i) d in the	(vii) Amount sup		atary
					Yes	No	Yes	No	Yes	No			
(A)						l		l					
			Į.		1	}	1		l				
(B)													
(C)													
<u>•</u>					1		1						
(D)	·				<u> </u>								
(E)													
Total			1 4 24 43	1	000 -	00.55	<u> </u>		<u> </u>	1 1	000 000		
RAY I	ror Pap	perwork Reductio	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.			schedule	: A (Form	1 990 or 990	⊢ĿZ) 2	:013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			1:	2
13	First five years. If the Form 990 is organization, check this box and s						
Sec	tion C. Computation of Pu						
14	Public support percentage for 2013						
15	Public support percentage from 20	112 Schedule A, Pa	art II, line 14			<u> 1</u>	5 %
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di jualifies as a public	d not check the bo cly supported orga	ox on line 13, and the nization	he line 14 is 33-1/3	3% or more, che	ck this box
b	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	'3% or more, che	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization method the organization meets the facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exp	plain in Part IV h	ow _
b	10%-facts-and-circumstances to or more, and if the organization mo organization meets the facts-and-	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exp	plain in Part IV h	ow the
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	k and see instruc	ctions ►
BAA	·		······	· · · · · · · · · · · · · · · · · · ·	Sch	hedule A (Form	990 or 990-EZ) 2013

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.)

Sect	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include							
_	any 'unusual grants.')							
2	Gross receipts from admis- sions, merchandise sold or							
	services performed, or facilities							
	furnished in any activity that is related to the organization's							
	tax-exempt purpose						1	
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							
5	Its behalf							
	facilities furnished by a							
	governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	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						ĺ	
	exceed the greater of \$5,000 or						ŀ	
	1% of the amount on line 13 for the year							
	Add lines 7a and 7b					 		
							-	
8	Public support (Subtract line 7c from line 6.)				1			
Sect	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received							
	on securities loans, rents,							
	royalties and income from similar sources						i	
b	Unrelated business taxable						-	
	income (less section 511						- 1	
	taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b				1			
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carned on							
12	Other income Do not include gain or loss from the sale of						T	
	čapital assets (Explain in						- }	
40	Part IV.)							
	Total Support. (Add ins 9,10c, 11 and 12)			 	 	F04/-)/2	- 	
	First five years. If the Form 990 is organization, check this box and s	top here		nira, tourth, or titti	n tax year as a sect	ion 501(c)(3) 	▶
	tion C. Computation of Pu							
	Public support percentage for 2013		-				15	%
	Public support percentage from 20			····			16	
	tion D. Computation of Inv Investment income percentage for				n)		17	
	Investment income percentage for				**		18	
	33-1/3% support tests — 2013. If							
	is not more than 33-1/3%, check the	ns box and stop h	ere. The organizat	ion qualifies as a	publicly supported	organization		▶ [_]
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%, or	check this box and	stop here. The or	ganization qualifie	es as a publicly sup	ported organ	ization	▶ 📗
20	Private foundation. If the organization	ation did not check	a box on line 14,	19a, or 19b, checl	k this box and see i	nstructions.		▶ []

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

СНЯ	RLESTON ACADEMY OF MUSIC			01-0739765	
Par		or Advised Funds or Otlered 'Yes' to Form 990. F	her Similar Fund Part IV. line 6.		
	- Complete it and organization chairs	(a) Donor advised		(b) Funds and other accounts	
1	Total number at end of year	(4, 2010, 201000		(2). 4.1.25 4.1.3 54.6. 4.55541.15	
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 are the organization's property, subject to the organization's	advisors in writing that the ass			□ No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the donor or donor advisor, or	hat grant funds can b for any other purpos	pe used only e conferring	No
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the		арріу).		
	Preservation of land for public use (e g , recr	eation or education)	Preservation of a	an historically important land area	
	Protection of natural habitat		Preservation of a	a certified historic structure	
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation c	ontribution in the for	m of a conservation easement on the	
				Held at the End of the Ta	x Year
	Total number of conservation easements				
t	Total acreage restricted by conservation easeme	ents		2 b	
C	Number of conservation easements on a certified	d historic structure included in ((a)	2 c	
C	Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and i	not on a historic	2 d	
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguishe	ed, or terminated by t	he organization during the	•
4	Number of states where property subject to cons	ervation easement is located	•		
5	Does the organization have a written policy regar and enforcement of the conservation easements	· ·			No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing cons	servation easements	during the year	_
7	Amount of expenses incurred in monitoring, insperse \$ \$	ecting, and enforcing conserva	tion easements durir	ng the year	
8	Does each conservation easement reported on li and section $170(h)(4)(B)(u)$?				No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in it ne organization's financial state	s revenue and expenements that describes	ise statement, and balance sheet, and statement, and statement, and balance sheet, and statement is statement.	d
Par	Organizations Maintaining Colle Complete if the organization answer	ections of Art, Historica ered 'Yes' to Form 990, F	I Treasures, or Gart IV, line 8.	Other Similar Assets.	
1 a	If the organization elected, as permitted under Sf art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educat	tion, or research in fu	ternent and balance sheet works of rtherance of public service, provide,	
t	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items	or public exhibition, education,	or research in furthe	rance of public service, provide the	
	(i) Revenues included in Form 990, Part VIII, lin				
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, I amounts required to be reported under SFAS 110	historical treasures, or other sir 6 (ASC 958) relating to these it	milar assets for finan- tems.	cial gain, provide the following	
	Revenues included in Form 990, Part VIII, line 1			` 	
Ŀ	Assets included in Form 990, Part X			▶ \$	

2					
Schedule D (Form 990) 2013 CHARI	LESTON ACADEMY	OF MUSIC		01-073	39765 Page 2
Part III Organizations Mainta			orical Treasures, o		
•3 Using the organization's acquisition items (check all that apply):	n, accession, and other	records, check	any of the following that	are a significant use of it	s collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future general	tions				
4 Provide a description of the organic Part XIII.		explain how the	ey further the organization	on's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive dor n to be maintained as p	nations of art, his part of the organ	storical treasures, or other	er sımılar assets	Yes No
Part IV Escrow and Custodia line 9, or reported an a				wered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X2.					Yes No
b If 'Yes,' explain the arrangement in					
on responses					Amount
c Beginning balance				1c	
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an am					Yes No
-					
b If 'Yes,' explain the arrangement in	ran Alli. Check here	n trie explantion	nas been provided in Fa	art Alli	
Part V Endowment Funds. C	complete if the ora:	anization ans	wered 'Yes' to Form	n 990 Part IV line 1	<u>n</u>
p die v Endownione i diado: C	(a) Current year	(b) Prior yea			(e) Four years back
1 a Beginning of year balance	(a) curcin year	(b) i noi yea	(c) 1 No years bac	k (u) Thice years back	(c) i oui years back
b Contributions					
D Contabutions					+
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
Provide the estimated percentage	of the current year end	balance (line 1	g, column (a)) held as.		
a Board designated or quasi-endowr	ment ►	⁸			
b Permanent endowment	્				
c Temporarily restricted endowment	>	용			
The percentages in lines 2a, 2b, a	nd 2c should equal 100				
3 a Are there endowment funds not in organization by.	the possession of the o	organization tha	t are held and administer	red for the	Yes No
(i) unrelated organizations					. 3a(i)
(ii) related organizations					. 3a(ii)
b If 'Yes' to 3a(II), are the related org					. 3b
4 Describe in Part XIII the intended in		•			.1001
Part VI Land, Buildings, and		. Condominont	unuu.		
Complete if the organiz		es' to Form 9	990, Part IV, line 11	a. See Form 990, Pa	art X, line 10.
Description of property	(inv	or other basis /estment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
h Buildings					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				·
c Leasehold improvements				· · · · · · · · · · · · · · · · · · ·
d Equipment		18,000.	0.	18,000.
e Other				· ·
otal. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colui	mn (B), line 10(c).)	>	18,000.

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Schedule **D** (Form 990) 2013

01-0739765 Pa	ag
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(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		
3) Other		
)		
<u> </u>		
: :) 		
<u>, </u>		
;,)		
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<u>′</u>		
<u>′</u>		
ntal. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶		
art VIII Investments — Program Related.		
Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11c. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(9) 10) otal (Column (b) must equal Form 990, Part X, column (B) line 13) .▶		
(9) 10) total (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered '		Part IV, line 11d. See Form 990, Part X, line 15.
(9) 10) Nai (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Part IX Other Assets. Complete if the organization answered (a) De	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) 10) tal (Column (b) must equal Form 990, Part X, column (B) line 13) . eart IX Other Assets. Complete if the organization answered '		
(9) 10) tal (Column (b) must equal Form 990, Part X, column (B) line 13) . art IX Other Assets. Complete if the organization answered ' (a) De (1) (2)		
(9) 10) 1al (Column (b) must equal Form 990, Part X, column (B) line 13) . art iX Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4)		
(9) 10) 1al (Column (b) must equal Form 990, Part X, column (B) line 13) . art iX Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4)		
(9) 10) Mal (Column (b) must equal Form 990, Part X, column (B) line 13) . art IX Other Assets. Complete if the organization answered ' (a) De		
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) . art iX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)		
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) . art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)		
(a) De (a) Column (b) must equal Form 990, Part X, column (B) line 13) . A art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)		
(9) 10) 1al (Column (b) must equal Form 990, Part X, column (B) line 13) . art iX Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Scription	(b) Book value
(9) (10) (1a) (Column (b) must equal Form 990, Part X, column (B) line 13) . art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10	Scription	(b) Book value
99 101 102 103 104 105 106 107 108 109 109 109 101 101 102 103 104 105 106 107 108 109 109 101 101 102 103 104 105 105 106 107 108 109 109 101 101 101 101 101	line 15.) orm 990, Part IV, line 1	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (c) Complete if the organization answered (a) Description of liability (b) must equal Form 990, Part X, column (B), art X (c) Other Liabilities. (d) Description of liability	Ine 15.)	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) De (a) De (b) Part X (b) must equal Form 990, Part X, column (B), Part X (column (b) must equal Form 990, Part X, column (B), Part X (column (B), Description of liability (1) Federal income taxes	line 15.) orm 990, Part IV, line 1	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) De (a) De (b) De (a) De (c) De	line 15.) orm 990, Part IV, line 1	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) De (a) De (b) De (b) De (c) De (c) Description of liability (c)	line 15.) orm 990, Part IV, line 1	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) Complete if the organization answered (a) De (a) De (b) De (b) De (c) De (c) Description of liability (c) Description of liability (c) Description of liability (c) Description (d) Description of liability (d) Description (d) Description of liability (d) Description	line 15.) orm 990, Part IV, line 1	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) must equal Form 990, Part X, column (B), part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (b) Federal income taxes (c) (3) (4) (5)	line 15.) orm 990, Part IV, line 1	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) Pederal income taxes (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) .> art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) The art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) 10) 1al (Column (b) must equal Form 990, Part X, column (B) line 13) Art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) 101 102 103 104 105 105 106 107 108 109 109 109 109 109 109 109	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) The art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10)	line 15.) orm 990, Part IV, line 1	(b) Book value
(9) Ital (Column (b) must equal Form 990, Part X, column (B) line 13) The art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10)	line 15.) orm 990, Part IV, line 1 (b) Book value	(b) Book value
(a) Description of liability (b) must equal Form 990, Part X, column (B) line 13) (a) Description of liability (b) must equal Form 990, Part X, column (B), part X (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	line 15.)	(b) Book value

c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
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	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.	
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, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional part XII, lines 2d and 4b.	al information
and 4, Part A, line 2, Part AI, lines 20 and 40, and Part AII, lines 20 and 40 Also complete this part to provide any addition	ai inioiniauon
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Schedule **D** (Form 990) 2013

00.1000ic D	VICTOR CONTROL CHARMESTON ACADEMI OF MOSTC	01-0/39/03	rayes
Part XIII	Supplemental Information (continued)		
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- -			
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TEEA3305 07/01/13

Schedule **D** (Form 990) 2013

BAA

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Inspection

Employer identification number

	RLESTON ACADEMY OF MUSIC 01-0739	<u> 165 </u>			
art					
				YES	N
1 [Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other	r			
Ç	governing instrument, or in a resolution of its governing body?		. 1	X	
2 [Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		1		
2 .	catalogues, and other written communications with the public dealing with student admissions, programs,				
á	and scholarships?		. 2	X	┖
3 ł	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes				
t	he policy known to all parts of the general community it serves? If Yes, 'please describe. If 'No', please explain If you			1	-
r	need more space, use Part II		. 3	Х	
_	All of the organization's publications references its		_		
_	racially non discriminatory policy. These include printed				
	brochures and flyers and newspaper advertising.			1	
_				1	
					ŀ
Ī	Ooes the organization maintain the following?		_		
аſ	Records indicating the racial composition of the student body, faculty, and administrative staff?		. 4a	X	
ы	Records documenting that scholarships and other financial assistance are awarded on a racially				
	nondiscriminatory basis?	. .	4 6	X	
C (Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with				Γ
	student admissions, programs, and scholarships?		. 4 c	x	
d (Copies of all material used by the organization or on its behalf to solicit contributions?		. 4 d	Х	Γ
ı	f you answered 'No' to any of the above, please explain. If you need more space, use Part II.				T
-					
_			- 1		
5 1	Does the organization discriminate by race in any way with respect to		1		
a s	Students' nghts or privileges?		. 5 a		
					Γ
b /	Admissions policies?		. 5 b		
c l	Employment of faculty or administrative staff?		. 5 c		\perp
			۱ ـ .		
d :	Scholarships or other financial assistance?		· 5 d	-	\perp
. 1	Educational policies?		. 5e	1	
e	Educational policies 7		. 5 e	-	╀
f	Use of facilities?		5 f		ļ
•	ose of facilities		 	 	╁
a ,	Athletic programs?		5 9		
				+	T
h	Other extracumcular activities?		. 5 h		
(f you answered 'Yes' to any of the above, please explain. If you need more space, use Part II				T
-			-		
-			-		
-			-		
a I	Does the organization receive any financial aid or assistance from a governmental agency?		- 6 a	l x	
	Has the organization's right to such aid ever been revoked or suspended?			+	十
	If you analysed Vas' to althor line for an line fib. explain on Dort II	· · · ·	<u> </u>	 	+

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' explain on Part II

Schedule E (Form 990 or 990-EZ) 2013 CHARLESTON ACADEMY OF MUSIC	01-0739765	Page 2
Schedule E (Form 990 or 990-EZ) 2013 CHARLESTON ACADEMY OF MUSIC Part II Supplemental Information. Provide the explanations required by Part I, lines applicable. Also complete this part to provide any other additional information (see E. C. Part II)	3, 4d, 5h, 6b, and 7, as see instructions).	
Line 6b The organization has received grants from the .	SC_Arts	
Commission and the National Endowment for the	Arts.	
	- 	
	· 	
	·	
	· 	

TEEA3402 07/11/13

Schedule E (Form 990 or 990-EZ) 2013

BAA

SCHEDULE	0	Grants and Oth	and Other Assistance to Organizations,	o Organization	ű		OMB No 1545-0047
(Form 990)	9	Governments, are omplete if the organization	ients, and Individuals in the United States	n the United Sta	ates or 22.		2013
Department of the Treasury Internal Revenue Service	▼ Informati	on about Schedule I (Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. 	0. uctions is at www.irs.g	lov/form990.	L	Open to Public Inspection
Name of the organization CHARLESTON ACADEMY	MY OF MISTC					Employer identification number $01-0739765$	atton number 5
Part General Infor	100	stance					
1 Does the organization the selection criteria us 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?	amount of the grants o	the grants or assistance, the grantees' eligibility for the grants or assistance, and second some second or a second seco	ss' eligibility for the grant	for the grants or assistance, and	: : : : :	X Yes No
Part II Grants and O Form 990, Par	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answere Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nents and Organi hat received more	nd Organizations in the United States. Complete if the organization answered 'Yes' to ived more than \$5,000. Part II can be duplicated if additional space is needed.	ed States. Comple	ite if the organizati	on answered 'Ye is needed.	s' to
(a) Name and address of organization or government	organization (b) 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
(1)							
<u>(2)</u>	1						
(8)							
<u>(4)</u>							
(5)							
	! L						
Ω							
(8)							
	Enter total number of section 501(c)(3) and government organizations	anizations listed in the	listed in the line 1 table				0
3 Enter total number of o	Enter total number of other organizations listed in the line 1 table.	table				•	0
BAA For Paperwork Redu	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.		TEEA3901 07/12/13	07/12/13	Schedu	Schedule I (Form 990) (2013)

G1-0739765

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. Schedule I (Form 990) (2013)

Part III | Grants and Of

(d) Amount of FMV, appraisal, other) (f) Description of non-cash assistance FMV, appraisal, other)	5,467. Cost of Tuition Subsidized Tuition							equired in Part I, line 2, Part III, column (b), and any other additional information.	of need and aptitude.			1					
(c) Amount of cash grant								required in Part I, Iir	students meetir	! ! ! ! !	; ; ; ; ;			 	1 1 1 1 1 1 1 1		
(b) Number of recipients	7							de the information re	available_to_8	1			 	† 	•	 	
(a) Type of grant or assistance	1 Scholarship	2	63	4	S	Ø	7	Part IV Supplemental Information. Provide the information required in Part I, line 2,		1						 	

BAA

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization		Employer identification number
CHARLESTON ACADEMY O	F MUSIC	01-0739765
Pt_VI, Line 11b _ Th	e return is reviewed with the board prior to f	<u>lling.</u>
Pt VI, Line 12c Th	e organization's conflict of interest policy i	s reviewed
wı	th the board at the first meeting of each year	÷
Pt_VI, Line 18Th	e_organization_makes_its_governing_documents,_	financial
st	atements, and Form 990 available to the public	upon
re	quest. Additionally, the Form 990 is availabl	e on the
we	bsite_www.guidestar.org	
Part 1, Line 1 Th	e Charleston Academy of Music is a non profit	organization
wh	ose mission is to empower students to become a	chievers_by
pr	oviding superior professional music instruction	n and
pe	rformance opportunities.	