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CIS6HJWT37

SCHEDULE A (Form 990 or 990-62)

Public Charity Status and Public Support

Complete if the organization is a section 501(ci(3) organization or a section 4047(a)(1) nonexampt charitable trust.

OMB No. 1545-0047

2013

Department of the Tressury Internal Revenue Bervice	➤ information abou	➤ Attach to it Schedule A Form 940	Form 990 or 990-EZ	of Form in	90-EZ. styctions	-	Lbegovii	brn 990.	Inspection
igne of the organization								de ellania.	
क्षान वर तक शक्रमान्त्रका	MONTANA CH	AMBER MUSIC SC	CIETY					474076	
Pan I Reason	for Public Cha	rity Status (All orga	nization	must c	omplete	this pa	rt.) See	Instruction	ons.
me organization le n	ot a private founda	ition because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)		
1 A church, c	envention of churc	hea, or association of	churches	describe	ed in sec	tion 170	(A)(r)(d)	Ŋ.	
	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3. A hospital o	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
hospital's n	ame, city, and stat	8:							
section 170	(b)(1)(A)(M). (Com							wernment	al unit described in
6 🔲 A federal, st	ate, or local gover	nment or government	al unit de	scribed in	ection	170(b)(1	IMM.		
described in	section 170(b)(1)	receives a substantia (A)(vi). (Complete Par	1 (1.)			governi	nental ui	nit or from	n the general public
		n section 170(b)(1)(A							
receipts fro support fro acquired by	m activities related m gross investment the organization a	receives: (1) more that if to its exempt funct int income and unre fiter June 30, 1975. Se	ions—sul lated bus se section	oject to (siness ta: n 509 (a)(certain ex Kable ind 2). (Comp	cceptions come (le: olete Par	a, and (2) as section t III.)) no more in 511 ta	s than 331/196 of Ite
10 An organiza	tion organized and	operated exclusively	to test fo	r public t	edety. Se	e sectio	n 509(a)	(4).	
purposes of	one or more pub	nd operated exclusive illely supported organ describes the type of a	nizations (supportin	g organi:	in section and	ion 609(e d comple	u(1) or so te lines 1	oction 509 Te throug	8(a)(2). S ee eection 3h 11h.
other than f or section 6 f If the organ	this box, I certify oundation manage 09(a)(2).	that the organization are and other than one awritten determination	is not cor or more	ntrolled d publicly	irectly or support	indirecti ed organ	y by one Izations (or more i described	in section 509(a)(1)
g Since Augu	st 17, 2006, has t	he organization accep	oted any	gift or co	ontributio	n from a	my of the	•	
following pe	reone?								
		ndirectly controls, elti ody of the supported (hor with	persons · · ·	describe	d (n (l) a	nd Yan No
(II) A family	member of a pers	on described in (i) abo	ve?						11860)
(iii) A 35% c	controlled entity of	a person deacribed in	(l) or (ll) e	bova?.					11g(m)
h Provide the	following informati	on about the support	ed organi	zation(a).					
ही Name of supported organization	(FI) EIN	(III) Type of organization (described on lines 1-8 above or IRC section (see instructional)	By is the organization in eq. (i) Beted in your governing document?		(V) Did you notify the organization in coi, (I) of your support?		(vt) is the organization in col. (f) organization in the U.S.?		(vti) Amount of monetary support
	1	Amm Amendeducts	Yee	No	Yee	No	Yes	No	
<u> </u>	 	•						 	
(A)	1						l		
(B)									
(C)									
(D)									
Total									**************************************