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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

ı	3 Chec appli	ck if icable	C Name of organization			D Employer identific	ation number
			THE BROOKLYN QUEENS CO	NSERVATORY OF			
		ddress hange ame	MUSIC			1, 1,	22426
	cr	hange utial	Doing Business As	<del></del>			32426
	Lre ☐ Te	etum ermin-	Number and street (or P 0 box if mail is not del 58 SEVENTH AVENUE	ivered to street address)	Room/suite	E Telephone number	522-3300
	☐ Ar	ted mended	City or town, state or province, country, and	7/D or foreign postal code		G Gross receipts \$	3,278,523.
		tum pplica- on	BROOKLYN, NY 11217-36	0.8			
	pe	on ending	F Name and address of principal officer:KAR			H(a) Is this a group ret for subordinates?	
			same as C above	EIV OBER		H(b) Are all subordinates in	
-	I Tax	-exem			or 527	1	ist. (see instructions)
-			► WWW.BQCM.ORG	4 (111001(110)	<u> </u>	H(c) Group exemption	
				sociation Other	L Year		State of legal domicile NY
	Part		ummary				
	0 1		efly describe the organization's mission or most	significant activities See	Schedu	le O	
	& Governance		•				· <u> </u>
	E   2	2 Ch	eck this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net ass	sets
	8 3	3 Nui	mber of voting members of the governing body			3	15
	S 4	4 Nui	mber of independent voting members of the go	verning body (Part VI, line 1b)		4_	15
<u> </u>	Sa   5		al number of individuals employed in calendar y			5	217
2015	₹   €	6 Tot	al number of volunteers (estimate if necessary)		6	15	
<b>673</b>	Activities	7 a Tot	al unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
<b>8</b>	`_	b Net	unrelated business taxable income from Form		7b	0.	
APR						Prior Year	Current Year
A	<u>ه</u> ا	3 Coi	ntributions and grants (Part VIII, line 1h)			901,920.	977,334.
Q	Revenue	<b>P</b> ro	gram service revenue (Part VIII, line 2g)			2,016,304.	2,091,085.
밁	1   في	0 Inv	estment income (Part VIII, column (A), lines 3, 4	, and 7d)		19.	2.
2	"   1·	1 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		69,375.	112,086.
<b>4</b>	1:	2 Tot	al revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		2,987,618.	3,180,507.
SCANNED /	1:		ints and similar amounts paid (Part IX, column (			83,172.	54,093.
	14		nefits paid to or for members (Part IX, column (A			0.	0.
	S 1		aries, other compensation, employee benefits.	$\vdash$	2,051,255.	2,015,766.	
	Expenses		fessional fundraising fees (Part IX, column A)			0.	0.
	<u>유</u>		al fundraising expenses (Part IX/column (D), lin		56.	700 410	1 004 000
	11	7 Oth	er expenses (Part IX, column (A), lines 11/a 1/rd	711f-24e)		798,419.	1,084,080.
	18	8 Tot	al expenses Add lines 13-17 must equal Part i	X,ºcolumn(A), line 25)	-	2,932,846.	3,153,939.
7	<u>19</u>	9 Rev	venue less expenses. Subtract line 18 from line	12 / /		54,772.	26,568.
4	Fund Balances			1. I particular	Re	ginning of Current Year	End of Year 2,194,515.
3	268 2		al assets (Part X, line 16)			2,210,875. 1,174,344.	1,131,416.
3	2		al liabilities (Part X, line 26)	ha = 00	-	1,036,531.	1,063,099.
	<sup>≥군</sup>   2: Part		assets or fund balances. Subtract line 21 from Signature Block	line 20		1,030,331.	1,003,055.
į.			of perjury, I declare that I have examined this return,	including accompanying scheduler	s and statem	ents, and to the hest of my	knowledge and helief it is
	-		nd complete. Declaration of preparer (other than office			-	knowledge and boller, it is
	100,00	1.001, 4.	to complete bookstation of property (agree than office	ny io bagge on an intermediation of the	non property		
9	Sign		Signature of officer	/ /	. 0	Date	\
	Here		KAREN GEER, EXECUTIVE	DIRECTOR ( $\mathcal L$		~ 4 · 1	-15
			Type or print name and title				
-		Pr	nt/Type preparer's name	Preparer's signature ()	A D	R 0 2 2095	PTIN
1	Paid	K€	evin Sunkel		AF	Self-employed	P00706145
ŀ	repare		m's name Dwen J Flanagan			Firm's EIN	13-2060851
Į	Jse On!	ly Fir	m's address 60 East 42nd Str				
_			New York, NY 101	65		Phone no 212	2-682-2783
<u> </u>	May th	e IRS	discuss this return with the preparer shown abo				X Yes No
3	32001	10-29-13	LHA For Paperwork Reduction Act Notice	e, see the separate instruction	ons.	$\sim$	Form <b>990</b> (2013)

# Form 990 (2013) MUSIC Part 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?	2	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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			
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	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
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	441.		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		<del></del> -
10	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	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990	(2013)

## Part IV Checklist of Required Schedules (continued)

	1		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	100		
	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			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
ŭ	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	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•	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, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
_	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-charitable related organization?			
55	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			<u> </u>
<i>31</i>	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?	<u> </u>		<u> </u>
~	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1900 / All Lover and Tradellines to complete companie of		990	(2013)
		. 51111		,,

-			1		1
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
la	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	ile O	14b		L
			Form	990	/2013

11-1532426

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

	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
1a	Enter the number of voting members of the governing body at the end of the tax year 1.	2		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X_
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
_		0-	Х	
3	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8ь		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	7		
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
•	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sac	tion C. Disclosure	1.00		
	List the states with which a copy of this Form 990 is required to be filed NY			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ile	
18		٠٠٠١١٥١		
	for public inspection. Indicate how you made these available. Check all that apply.  Other (explain in Schedule C)			
	Own website X Another's website X Upon request Other (explain in Schedule O)	مط فيد - :	solal	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	io iinar	icial	
	statements available to the public during the tax year	<b>&gt;</b>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:		
	The Organization - 718-622-3300			
	58 SEVENTH AVENUE, BROOKLYN, NY 11217-3608			

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

Check 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

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)		J. 3.							(E)	(E)
Name and Title		(B) (C) Average Position						( <b>D)</b> Reportable	(F) Estimated	
Name and Title	hours per	(do not check more than one						compensation	Reportable compensation	amount of
	week	officer and a director/trustee)					from	from related	other	
	(list any	ğ				}		the	organizations	compensation
	hours for	or director			ĺ	B		organization	(W-2/1099-MISC)	from the
	related	\$\$	ruste	i	۵	pensa		(W-2/1099-MISC)		organization
	organizations	lad Tr	onal		a sole	E 5		}		and related
	below line)	Indiwdual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JERRI SINES MAYER	1.00	<u> </u>	_=_	0	<del>-</del>	<u> = e</u>	<u>"</u>	<del>-</del>		
VICE CHAIRPERSON		Х		Х			ł	0.	0.	0.
(2) JOEL KRESS	5.00									
CHAIRPERSON		X		Х				0.	0.	0.
(3) RICHARD BROWN	1.00								-	
TRUSTEE		X						0.	0.	0.
(4) JASON TEPPER	1.00									
TREASURER		X		X		L.		0.	0.	0.
(5) SCOTT CANTONE	1.00									
TRUSTEE		X					<u> </u>	0.	0.	0.
(6) FLORENCE HUTNER	1.00								_	
TRUSTEE		X				<u> </u>		0.	0.	0.
(7) HON. BRIAN COGAN	2.00							_	_	
SECRETARY		X		X				0.	0.	0.
(8) KEVIN KING	1.00					Ì		] _ [	_	
TRUSTEE		X			<u> </u>	ļ		0.	0.	0.
(9) ANDREA KNUTSON	1.00						,		_	
TRUSTEE		X						0.	0.	0.
(10) BERNADETTE LEVANDOWSKI	1.00									
TRUSTEE		Х				<u> </u>	<u> </u>	0.	0.	0.
(11) MICHAEL SCHWARTZ	1.00				1					
TRUSTEE		X				<u> </u>	<u> </u>	0.	0.	0.
(12) RUSS SOPER	1.00					ĺ				•
TRUSTEE		X	<b> </b>			<u> </u>	<u> </u>	0.	0.	0.
(13) ADAM STEIN	1.00		Į				]			^
TRUSTEE		X	_				<u> </u>	0.	0.	0.
(14) MATTHEW H. TYE	1.00	,,								^
TRUSTEE	1 00	X	_			├		0.	0.	0.
(15) ARDA URAL	1.00	,,					1		_	^
TRUSTEE	40.00	Х		_	_	├-	<del> </del>	0.	0.	0.
(16) KAREN GEER	40.00	-		v				07 224	^	2 221
EXECUTIVE DIRECTOR		-	<del> </del>	X		-		87,334.	0.	3,321.
		1								
		L	<u> </u>		L		L			Form <b>990</b> (2013

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Form **990** (2013)

Form 990 (2013)

Par	t VI	<u> </u>	Statement of Reven	nue					,
<del></del>			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or	(C) Unrelated	(D) Revenue excluded from tax under
							exempt function revenue	business revenue	sections 512 - 514
इइ	1 8	a	Federated campaigns	1a					
<u>e</u> 2		<b>b</b>	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts		c I	Fundraising events	1c	235,343.				
# E	(		Related organizations	1d					
S,E		e (	Government grants (contributi	ions) 1e	478,000.				
ig is	1		All other contributions, gifts, grant	í í					
물림		:	similar amounts not included abov	ve 1f	263,991.				
들임	•	g	Noncash contributions included in lines	1a-1f \$	8,000.				
နှင့်	ı	- h	Total. Add lines 1a-1f		<u>▶</u>	977,334.			
					<b>Business Code</b>				
e e	2 8		TUITION INCOME			1,465,498.	1,465,498.		
ا ۾ خ	ı	b i	MUSIC PARTNERS	FEES	611710	454,818.	454,818.		
S Š		c :	MUSIC THERAPY F	EES	611710		137,815.		
e al		ď	CONCERT REVENUE		711130	32,954.	32,954.		
Program Service Revenue	,	e							
	1	f .	All other program service reve	enue		2,091,085.			
		9							
	3		Investment income (including	dividends, intere	est, and	_			
			other similar amounts)		<b>&gt;</b>	2.			2.
	4		Income from investment of tax	x-exempt bond p	roceeds				
	5		Royalties		<b></b>	mm			<del></del>
				(ı) Real	(II) Personal	į			
	6	а	Gross rents	23,356.					
		b	Less. rental expenses	0.		[			
		С	Rental income or (loss)	23,356.					22.256
		d	Net rental income or (loss)		<u> </u>	23,356.			23,356.
ĺ	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses		ļ <u>.</u>				
		С	Gain or (loss)		<u> </u>				
			Net gain or (loss)		<u> </u>				
ē	8		Gross income from fundraisin						
en			including \$235,3	343. of					
ě			contributions reported on line	1c). See	00 016				
Other Revenue			Part IV, line 18	а					
돌			Less: direct expenses	b	98,016.				
_			Net income or (loss) from fund	=	<u> </u>	0.			
	9	а	Gross income from gaming ac						
			Part IV, line 19	а		4			
			Less direct expenses	b		-			
	ı		Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
			and allowances	a		· '			
			Less: cost of goods sold	b	'	-			1
	<u> </u>	С	Net income or (loss) from sale		Dunia C-				
			Miscellaneous Revenu	Je	Business Code	88,730.			88,730.
	11		OTHER	<del></del>	300033	30,730.	<del>' </del>		1 20,,00
		b					<del> </del>	<del></del>	
		С				<del> </del>			
		-							
		d	All other revenue			88.730	7,,,,,		
	12	d e	All other revenue  Total. Add lines 11a-11d  Total revenue See instructions		<b>•</b>	88,730	2,091,085.	0	. 112,088.

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	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	- 4			
	the United States. See Part IV, line 22	54,093.	54,093.		
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				
	Compensation of current officers, directors,	01 071	15 526	22.760	22 767
	trustees, and key employees	91,071.	45,536.	22,768.	22,767
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
_	persons described in section 4958(c)(3)(B)	1,732,306.	1,464,254.	261,648.	6 101
	Other salaries and wages	1,732,300.	1,404,254.	201,040.	6,404
8	Pension plan accruals and contributions (include		]		
	section 401(k) and 403(b) employer contributions)	55,725.	47,102.	8,417.	206
	Other employee benefits	136,664.	115,517.		206 505
10	Payroll taxes	130,004.	113,317.	20,642.	
11	Fees for services (non-employees):	}			
_	Management	2,368.		2,368.	<del>-</del>
b	Legal	183,633.	56,731.	126,902.	
	Accounting	103,033.		120,902.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees		<del> </del>		··
9	Other. (If line 11g amount exceeds 10% of line 25,	339,729.	238,043.	73,255.	28 431
40	column (A) amount, list line 11g expenses on Sch ()	80,742.	66,920.	12,619.	1 203
	Advertising and promotion	99,530.	78,161.	19,025.	28,431 1,203 2,344
13	Office expenses	14,279.	70,101.	14,279.	2,344
14	Information technology	13,210.		13,213.	
15 16	Royalties	89,237.	73,961.	13,947.	1,329
16	Occupancy	05,257.	73,501.	13,741.	1,327
17 10	Travel				
18	Payments of travel or entertainment expenses	İ			
40	for any federal, state, or local public officials	9,675.	4,259.	5,416.	<del></del>
19 20	Conferences, conventions, and meetings Interest	7,073.	4,237.	3,410.	<del></del>
20 21	Payments to affiliates	<del></del>		· · ·	<del></del>
21 22	Depreciation, depletion, and amortization	87,123.	72,209.	13,616.	1,298
23	Insurance	07/1231	,2,2030		1/2/0
23 24	Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0)  CREDIT CARD AND COLLECT	82,007.	82,007.		<del> </del>
b	MAINTENANCE AND REPAIRS	81,768.	67,771.	12,779.	1,218
C	MISCELLANEOUS	13,989.		12,738.	1,251
d					
	All other expenses		<del></del>	<del></del>	·· <u>···</u>
25	Total functional expenses. Add lines 1 through 24e	3,153,939.	2,466,564.	620,419.	66,956
<u>26</u> 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation				
	Check here ► if following SOP 98-2 (ASC 958-720)	}	į.	ļ	

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Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	105,983.	1	89,986.
2	Savings and temporary cash investments	3,782.	2	15,075.
3	Pledges and grants receivable, net	198,605.	3	218,193.
4	Accounts receivable, net	340,043.	4	349,827
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			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		_6	
7	Notes and loans receivable, net		7	
8   3	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	11,980.	9	20,508
10a	Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D 10a 3,203,600.			
Ь	Less accumulated depreciation 10b 1,706,472.	1,546,982.	10c	1,497,128
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	3,500.	15	3,798
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,210,875.	16	3,798 2,194,515 110,590
17	Accounts payable and accrued expenses	188,731.	17	110,590
18	Grants payable	705 256	18	770 026
19	Deferred revenue	705,356.	19	770,826
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	250 000	22	250,000
23	Secured mortgages and notes payable to unrelated third parties	250,000.	23	230,000
24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
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	30,257.	.	0
	Schedule D	1,174,344.	25 26	1,131,416
26	Total liabilities. Add lines 17 through 25	1,1/4,344.	26	1/131/410
İ	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S S	complete lines 27 through 29, and lines 33 and 34.	769,420.	27	859,682
27	Unrestricted net assets	158,500.	28	133,806
ā 28	Temporarily restricted net assets	108,611.	29	69,611
p 29	Permanently restricted net assets	100,011.	28	93701
로	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō	and complete lines 30 through 34.		30	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds		31	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	32	
32	Retained earnings, endowment, accumulated income, or other funds	1,036,531.	33	1,063,099
33	Total net assets or fund balances	2,210,875.	34	2,194,515
34	Total liabilities and net assets/fund balances	2,210,013.		Form <b>990</b> (201)

Form	990 (2013) MUSIC	11-15	32426	Par	ne 12
	rt XI Reconciliation of Net Assets		,	•	1
	Check 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	3,180	0,5	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,153	3,9	39.
3	Revenue less expenses. Subtract line 2 from line 1	3			68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,036	5,5	$\overline{31.}$
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,063	3,0	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			·····	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_   {		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			.,
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		<u>X</u>
p	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

#### SCHEDULE A .

(Form 990 or 990-EZ)

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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

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

THE BROOKLYN QUEENS CONSERVATORY OF

Employer identification number 11-1532426

	organi			because it is: (For lines 1							
1		•		s, or association of churc		ribed in <b>se</b>	ection 170	(b)(1)(A)(i)	).		
2				0(b)(1)(A)(ii). (Attach Sc							
3	$\vdash$	•	•	tal service organization of							
4	ш			operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
_	<del></del> 1	city, and state									<del></del>
5			on operated for the I (b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II.)	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ped in
6				ent or governmental unit	described	d in sectio	n 170(b)(1	ΙΛΑΝω			
7	Ħ			eives a substantial part o					r from the	general	nublic described in
-			b)(1)(A)(vi). (Complet		o, 110 00pp	0.0.000.00	govornino	ina din c		gonora	pasie acconoca in
8				ection 170(b)(1)(A)(vi). (	Complete	Part II )					
9	Ħ								بر ط معرج جا محرد	- 6	
•				eives: (1) more than 33 1							· ·
			•	nctions - subject to certa	•	•	•				•
				exable income (less sect	ion 511 ta	x) from bu	sinesses a	icquirea b	y the orga	inization	atter June 30, 1975.
• ^	$\Box$		509(a)(2). (Complete	•		f-A C	\	~ F00/-\/			
10	H	=		perated exclusively to tes	-	-					
11				perated exclusively for the							
				itions described in section				). See <b>sec</b>	tion bus(	a)(3). Cn	eck the box that
				organization and comple							<b>611</b>
		a Type I		•	-	nctionally i			• •		n-functionally integrated
е	ш			t the organization is not							
_			-	han one or more publicly		-				∂(a)(1) or	section 509(a)(2).
f				ten determination from t	he IRS tha	atitisaly	pe I, Type	II, or Type	9		اا
		· · · · · ·	ganization, check th							_	L
9				rganization accepted an	-						[]
				rectly controls, either ale	one or tog	ether with	persons o	lescribed i	n (II) and (	III) below	
		_		upported organization?							11g(i)
		-	•	n described in (i) above?							11g(ii)
				person described in (i) of							11g(iii)
h		Provide the fo	ollowing information	about the supported org	ganızatıon(	(s)					
					T		т		1		r <del></del>
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	, ,	rganization			(vi) is organizatio	tne on in col	(vii) Amount of monetary
	orga	nization				sted in your document?			(i) organiz U S	ed in the	support
				(see instructions))						,——	
		- <del></del> -			Yes	No	Yes	No	Yes	No	
							1			1	
		- <del></del>		<del></del>	ļ. —					<del> </del> -	
		,						]		1	
							<u> </u>		<del> </del> _	<del> </del>	
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					-		<del></del>	<del>-</del>	<del> </del> -	<del> </del>	
Tota	dt										

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Calendar year (or fiscal year beginning in)  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  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	
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 lines 5 from line 4  8 Gross Income from Interest, dividends, payments received on securities loans, rents, royalities and income from similar sources  9 Net income from similar sources  9 Net income from unrelated business activities, whether or not the	
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  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from on the telephone in the surface of the property of the	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or liscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total for some 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	
ization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  4. Total. Add lines 1 through 3  5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6. Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or liscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total fluidends, payments received on securities loans, rents, royalties and income from similar sources  9. Net income from unrelated business activities, whether or not the	
or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  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	
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furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or liscal year beginning in)   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	
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total forces and 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	
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by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources  9 Net income from unrelated business activities, whether or not the	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   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	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or liscal year beginning in)  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	
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  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	
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 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	
column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning 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	
6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning 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	
Section B. Total Support  Calendar year (or fiscal year beginning 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	
Section B. Total Support  Calendar year (or fiscal year beginning 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	
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	
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	
dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the	
securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the	
and income from similar sources  9 Net income from unrelated business activities, whether or not the	
and income from similar sources  9 Net income from unrelated business activities, whether or not the	
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 activities, etc. (see instructions). 12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2013

## 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 b	elow, please com	plete Part II )				
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not					1	
include any "unusual grants ")	·	<u> </u>	<u> </u>			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		}			]	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income					l i	
(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.)		<del> </del>				
<ul><li>Total support. (Add lines 9, 10c, 11, and 12)</li><li>First five years. If the Form 990 is for</li></ul>	the ereculation	o first seemed the	rd fourth or fifth to	V Vegr on a coctio	n 501(c)(3) crace:	ation
	the organization	э mat, secono, tnii	o, rooren, or men te	an year as a section	oo i (c)(o) organiz	<b>.</b>
check this box and stop here Section C. Computation of Publ	ic Support Do	rcentage			······································	<u> </u>
					15	
15 Public support percentage for 2013 (I			Jointin (I))		16	<u>%</u> %
16 Public support percentage from 2012						
Section D. Computation of Inves					147	
17 Investment income percentage for 20	•	• •	ne 13, column (t))		17	%
18 Investment income percentage from				46	18	7
19a 33 1/3% support tests - 2013. If the						/ IS NOT
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2012.</b> If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
332023 09-25-13				Scl	nedule A (Form 99	0 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 MUSIC  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, I	11-1532426 Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, I Also complete this part for any additional information. (See instructions).	line 17a or 17b; and Part III, line 12.
<u> </u>		
·		
<del></del> -		
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<b></b>		
332024 09.25	40	Schedule A (Form 990 or 990-EZ) 2013

### SCHEDULE D

(Form 990)

## Supplemental Financial Statements

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. THE BROOKLYN OUEENS CONSERVATORY OF

**Employer identification number** 11-1532426

MUSIC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ĸ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

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

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 MUSIC						<u>11–15</u>		
Pai	t III   Orgànizations Maintaining C	Collections of A	rt, Historical T	reasures, oi	r Othe	er Simil	<u>ar Asse</u>	ts(contin	ueð)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that	are a s	ignificant	use of its	collection	ıtems
	(check all that apply).								
а	Public exhibition	d	I <u></u> Loan or ex	change progran	ns				
b	Scholarly research	e	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	n's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of				r sımıla	r assets	_	_	_
	to be sold to raise funds rather than to be mi							Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	on answered "Y	es" to	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contributio	ns or other ass	ets not	ıncluded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e		<u></u>	
f	Ending balance					_1f		<del></del>	
	Did the organization include an amount on Fe	·					L	Yes	L No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete			1				T	<del></del>
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y			years back
1a	Beginning of year balance	108,611.	108,611	. 108,	,611.	1	08,611.		108,611.
b	Contributions			<del> </del>				<u> </u>	
C	Net investment earnings, gains, and losses	2.	19	<del> </del>	30.		44.	<u> </u>	976.
d	Grants or scholarships		<del></del>	<del></del>					
е	Other expenditures for facilities	20.000	10		20				07.5
	and programs	39,002.	19	<del>-</del>	30.		44.		976.
	Administrative expenses	60 611	100 611	100	611.	<del></del>	09 611		108,611.
9	End of year balance	69,611.	108,611		, 011.		08,611.	l	108,611.
2	Provide the estimated percentage of the curl Board designated or quasi-endowment	rent year end baland	e (iiie rg, columin) %	(a)) Held as.					
a b	Permanent endowment ► 100.00		_ 70						
_	Temporarily restricted endowment ▶	^ %							
·	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse		ation that are held	and administere	ed for t	he organiz	ration		
-	by:	oolon or the organiza			- 101 (	4, 94,		[	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a.	See Form 990, F	Part X,	line 10.			
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr		(other)	de	preciation			
1a	Land			15,000.					5,000.
b	Buildings		2,7	11,477.	1,	270,3	67.	1,441	110.
С	Leasehold improvements								
d	Equipment		4	77,123.		436,1	05.	41	1,018.
	Other	<u> </u>							- 162
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c))			<b>&gt;</b>	1,497	7 <u>,128.</u>

(3)(4) (5)(6) (7)(8)(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

332053 09-25-13

09-25-1

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 MUSIC Part XIII Supplemental Information (continued)	11-1532426 Page 5
Part XIII Supplemental Information (continued)	<u> </u>
PART XI, LINE 2B	
Evaloration - MUL CONCERNAMORY RECEIVED CERVICE IN KIND AND I	0011 men
Explanation: THE CONSERVATORY RECEIVED SERVICE IN KIND AND I	DONATED
COMPUTERS FROM CONTINENTAL ADVISORY SERVICES. THE VALUE OF	THESE SERVICES
AND COMPUTERS HAS BEEN RECORDED ON THE FINANCIAL STATEMENTS	UNDER INCOME
AS AN IN-KIND DONATION, WITH THE OFFSETTING EXPENSE OF \$1,00	00 IN SERVICES
INCURRED UNDER CONFERENCES AND MEETINGS AND \$8,000 VALUE OF	COMPUTERS
CAPITALIZED UNDER PROPERTY AND EQUIPMENT (NET).	
	<del></del>
	<del></del>
	<del></del>
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332055 09-25-13

### SCHEDULE E . (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE BROOKLYN QUEENS CONSERVATORY OF MUSIC

**Employer identification number** 

11-1532426

1 (4)	rt i			<del></del>
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	İ		
	other 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,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain.			
	If you need more space, use Part II	3	X	<u> </u>
	THE BROOKLYN QUEENS CONSERVATORY OF MUSIC ADVERTISES IN	1		
	NEWSPAPERS STATING THAT ALL RACES AND NATIONAL ORIGINS ARE			
	ACCEPTED.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
		5a		X
b		5b		X
С	5 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	5c		X
d		5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
_	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			1
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	1		
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) (2013)

Schedule E (Form 990 or 990 EZ) (2013) MUSIC	11-	-1532426 Page	<b>2</b>
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5r	h, 6b, and 7, as app	licable.	_
Also complete this part to provide any other additional information.			
Line 6 - Explanation of Government Financial Aid:			
The transfer of coveriment rinardial may			
Explanation: THE CONSERVATORY APPLIES AND RECEIVES GR	RANTS FROM	CITY, STATI	Ξ
AND FEDERAL GOVERNMENTS TO HELP SUPPORT AND FURTHER I	TS PROGRAM	is.	
<del></del>			
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			—

#### SCHEDULE G . (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

Department of the Treasury

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. THE BROOKLYN QUEENS CONSERVATORY OF

**Employer identification number** Name of the organization 11-1532426 MUSIC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? fundraiser or entity (fundraiser) from activity organization listed in col. (i) HANS EVAN BJORNEN - 443 FIRST Yes No X STREET, APT. 3L, BROOKLYN, NY GALA EVENT PLANNING 166,680. 40,475 126,205. SPECIAL EVENTS UNLIMITED. INC. - 95 DAVIS ROAD, PORT 166,679 15,000. 151,679. GALA EVENT PLANNING X 333,359. 55,475. 277,884. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

		of fundraising event contributions and		l "Yes" to Form 990, Part -EZ, lines 1 and 6b. List (		
			(a) Event #1  RED HOT GALA	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	333,359.			333,359
	2	Less: Contributions	235,343.		<del></del>	235,343
$\downarrow$	3_	Gross income (line 1 minus line 2)	98,016.			98,016
	4	Cash prizes				
	5	Noncash prizes			·	
Direct Expenses	6	Rent/facility costs				
֓֞֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟	7	Food and beverages	36,774.			36,774
_	8	Entertainment	15,758.			15,758
	9	Other direct expenses	45,484.		· · · · · · · · · · · · · · · · ·	45,484
1	10	Direct expense summary Add lines 4 thro	<del></del>			98,016
	11	Net income summary Subtract line 10 fro			•	0
aı	र ।	Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1	Gross revenue			·	
3	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
T	6	Volunteer labor	Yes % No	Yes% No	Yes %	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•	
	8_	Net gaming income summary. Subtract lin	ne 7 from line 1, column (d)		<b>&gt;</b>	
	_					
а	ls t	ter the state(s) in which the organization op the organization licensed to operate gamin	g activities in each of these s		<del></del>	Yes No
D	 II -	No," explain:				<del></del>
		ere any of the organization's gaming license Yes," explain:			/ear?	Yes No
,	'' 	100, OADIGITE				
						orm 990 or 990-EZ) 20

## THE BROOKLYN OUEENS CONSERVATORY OF 11-1532426 Page 3 Schedule G (Form 990 or 990-EZ) 2013 MUSIC Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address -Gaming manager information: Name > Gaming manager compensation ▶ \$ Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers: (i) Name of Fundraiser: HANS EVAN BJORNEN (i) Address of Fundraiser: 443 FIRST STREET, APT. 3L, BROOKLYN, NY 11215 (i) Name of Fundraiser: SPECIAL EVENTS UNLIMITED, INC. (i) Address of Fundraiser: 95 DAVIS ROAD, PORT WASHINGTON, NY 11050

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2013
Open to Public Inspection

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

MUSIC

Schedule I (Form 990) (2013) MUSIC

| 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.

Page 2

11-1532426

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance *
SCHOLARSHIPS	89	54,093.	0.		•
Part IV   Supplemental Information. Provide the information required in	quired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
Explanation: SCHOLARSHIPS ARE BASED ON	i	ANCIAL NEF	FINANCIAL NEED AND ARE AWARDED	AWARDED TO	
STUDENTS WHO OTHERWISE WOULD NOT BE	SE ABLE T	O AFFORD M	ABLE TO AFFORD MUSIC INSTRUCTION.	UCTION.	
AWARDS ARE NEVER MORE THAT 50% OF THE	1E	ENTS TOTAL	STUDENTS TOTAL TUITION (UNLESS	UNLESS THE	
STUDENT IS PART OF OUR TEEN JAZZ PROGRAM).	PROGRAM).	TEEN JAZZ	SCHOLARSHIPS ARE	IPS ARE	
FUNDED BY VARIOUS GRANTS AND AWARDS COVER		08-1008	OF THE TUITION	ION.	
					•

Schedule I (Form 990) (2013)

THIS INCLUDES SUBMITTING THEIR MOST RECENT FEDERAL TAX FORM

APPLICATION.

332102 10-29-13

ALL SCHOLARSHIP STUDENTS ARE REQUIRED TO FILL OUT A FINANCIAL AID

Schedule   (Form 990) MUSIC 11-1532426 Page 2
Part IV Supplemental Information
(1040, 1040A, OR 1040EZ), COPIES OF THE MOST RECENT PAYSTUBS FOR LAST TWO
PAY PERIODS, STUDENT EVALUATION FORM FROM EXISTING TEACHERS OR A COPY OF
THE STUDENTS MOST RECENT REPORT CARD (FOR STUDENTS UNDER 18 YEARS), AND AN
EXPLANATION OF ANY EXTENUATING CIRCUMSTANCES IF ANY (THIS CAN INCLUDE
DISABILITY, SOCIAL SECURITY, ETC.) HARD COPIES OF FINANCIAL AID
APPLICATIONS ARE KEPT ON FILE, AND AWARD AMOUNTS ARE RECORDED IN THE
SCHOOLS REGISTRATION SYSTEM FOR STUDENTS ACCEPTING THE SCHOLARSHIP.

332291 05-01-13

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

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

omplete 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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE BROOKLYN QUEENS CONSERVATORY OF Employed MUSIC 11-

Employer identification number 11-1532426

Form 990, Part 1, Line 1, Description of Organization Mission:
THE CONSERVATORY PROMOTES INDIVIDUAL AND COMMUNITY GROWTH THROUGH
MUSIC. BY PRESENTING FREE AND SUBSIDIZED MUSIC INSTRUCTION AND
CONCERTS IN ITS FACILITIES AND IN THE COMMUNITY, THE CONSERVATORY MAKES
MUSIC ACCESSIBLE TO PEOPLE OF ALL AGES, BACKGROUNDS AND SKILL LEVELS.
THE CONSERVATORY PROVIDES MUSIC INSTRUCTION AT ITS LOCATION IN PARK
SLOPE, BROOKLYN. THROUGH ITS MUSIC PARTNERS PROGRAM, MUSIC INSTRUCTION
IS PROVIDED TO SCHOOL CHILDREN IN THE NEW YORK CITY PUBLIC SCHOOLS.
THE CONSERVATORY ALSO PRESENTS OVER 100 PUBLIC PERFORMANCES EACH YEAR,
FEATURING WORLD-CLASS ARTISTS, LOCAL MUSICIANS AND STUDENT PERFORMERS.
Form 990, Part III, Line 1, Description of Organization Mission:
LEVELS. THE CONSERVATORY PROVIDES MUSIC INSTRUCTION AT ITS LOCATION IN
PARK SLOPE, BROOKLYN. THROUGH ITS MUSIC PARTNERS PROGRAM, MUSIC
INSTRUCTION IS PROVIDED TO SCHOOL CHILDREN IN THE NEW YORK CITY PUBLIC
SCHOOLS. THE CONSERVATORY ALSO PRESENTS PUBLIC PERFORMANCES EACH YEAR,
FEATURING WORLD-CLASS ARTISTS, LOCAL MUSICIANS AND STUDENT PERFORMERS.
Form 990, Part III, Line 4b, Program Service Accomplishments:
WORK ETHIC, AND DEVELOP A SENSE OF CAMARADERIE WITH THEIR PEERS.
Form 990, Part III, Line 4d, Other Program Services:
OTHER MUSIC PROGRAMS INCLUDE MUSIC THERAPY - THE DEVELOPMENTAL,
EMOTIONAL, PSYCHOLOGICAL AND SOCIAL NEEDS OF CHILDREN AND ADULTS ARE
ADDRESSED THROUGH ACTIVE MUSIC-MAKING IN A RELATIONSHIP WITH A MUSIC
THERAPIST, BERKELEY CARROLL SCHOOL - THE BERKELEY CARROLL'S PARTNERSHIP
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

WITH THE BROOKLYN CONSERVATORY OF MUSIC IS A UNIQUE PROGRAM THAT OFFERS

NEIGHBORING BERKELEY CARROLL SCHOOL STUDENTS ON-SITE PRIVATE LESSONS

AND GROUP CLASSES WITH BCM FACULTY, COMMUNITY CHORALE, COMMUNITY

ORCHESTRA, MUSIC ADVENTURES - UNSTRUCTURED MUSIC AND INSTRUMENT PLAY

FOR CHILDREN AND THEIR ADULT COMPANIONS, WITH GUIDANCE FROM BCM EARLY

CHILDHOOD FACULTY, AND PROFESSIONAL STUDIES

Expenses \$ 1,047,775. including grants of \$ 51,528. Revenue \$ 338,738.

Form 990, Part VI, Section B, line 11:

Explanation: THE CONSERVATORY'S 990 IS PREPARED BY AN INDEPENDENT CPA FIRM.

IT IS THEN REVIEWED BY STAFF AND THE EXECUTIVE DIRECTOR AND UPDATED AS

NECESSARY. A REVISED DRAFT IS THEN SENT TO THE AUDIT COMMITTEE FOR REVIEW

AND APPROVAL. ONCE THE FORM IS APPROVED A COPY IS SENT TO THE BOARD PRIOR

TO FILING.

EXPLANATION: THE BROOKLYN QUEENS CONSERVATORY OF MUSIC'S CONFLICT OF
INTEREST POLICY REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO FILE
ANNUAL CONFLICT OF INTEREST REPORTS WITH THE ORGANIZATION. THE FOLLOWING
PROCESS IS USED TO GATHER, REVIEW AND RESOLVE ANY CONFLICTS. FIRST THE
STAFF SENDS CONFLICT OF INTEREST REPORTS TO EACH OFFICER, DIRECTOR AND KEY
EMPLOYEE ANNUALLY. THE STAFF THEN GATHERS THE REPORTS, REVIEWS THEM AND
WRITES A CONFLICT OF INTEREST MEMO STATING THE NUMBER OF COI REPORTS WITH
NO CONFLICTS, LISTING MISSING AND OUTSTANDING COI REPORTS AND SUMMARIZES
THE REPORTS WITH POTENTIAL AND ACTUAL CONFLICTS OF INTEREST INCLUDING
IN-DEPTH INFORMATION REGARDING THE CONFLICT AND RECOMMENDATIONS FOR
RESOLUTION OF THE POTENTIAL OR ACTUAL CONFLICT OF INTEREST. THE STAFF
SENDS THE MEMO ALONG WITH COI REPORTS CONTAINING CONFLICTS TO THE AUDIT

Sciii

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13 COMMITTEE AND GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE REVIEWS THE MEMO, CONFLICT OF INTEREST REPORTS AND RECOMMENDATIONS FOR RESOLUTION AND DETERMINES THE APPROPRIATE COURSE OF ACTION UNDER THE CONFLICT OF INTEREST POLICY. THE DETERMINED COURSE OF ACTION IS REPORTED TO THE INTERESTED PARTIES. THE GOVERNANCE COMMITTEE ALSO REPORTS EACH CONFLICT AND RESOLUTION TO THE DIRECTORS OF THE BROOKLYN QUEENS CONSERVATORY OF MUSIC AT THE SUBSEQUENT BOARD MEETING.

Form 990, Part VI, Section B, Line 15:

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

Form 990, Part VI, Section C, Line 19:

Explanation: THE CONSERVATORY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO

332212
90-04-13
Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization THE BROOKLYN QUEENS CONSERVATORY OF	Page 2
MUSIC MUSIC	Employer identification number 11-1532426
THE PUBLIC UPON REQUEST. IT DOES NOT CHARGE THE PUBLIC F	OR THESE DOCUMENTS
AND PROVIDES AN ADDITIONAL COPY VIA EMAIL. THE CONSERVAT	ORY DOES NOT MAKE
ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC.	
Form 990, Part IX, Line 11g, Other Fees:	
ARTISTIC FEES:	
Program service expenses	134,026.
Management and general expenses	100.
Fundraising expenses	0.
Total expenses	134,126.
GRAPHIC DESIGN:	
Program service expenses	1,600.
Management and general expenses	200.
Fundraising expenses	0.
Total expenses	1,800.
STRATEGIC PLANNING/CONSULTING:	
Program service expenses	102,417.
Management and general expenses	72,955.
Fundraising expenses	28,431.
Total expenses	203,803.
Total Other Fees on Form 990, Part IX, line 11g, Col A	339,729.

Form 8868 (Rev 1-2014)					Page 2		
If you are filing for an Additional (Not Autom	natic) 3-Month Extension,	complete only Part II and check the	s box		X		
Note. Only complete Part II if you have already	been granted an automatic	3-month extension on a previously	iled Form	8868			
• If you are filing for an Automatic 3-Month E							
Part II Additional (Not Automat	ic) 3-Month Extension	n of Time. Only file the origin	al (no c	opies nee	eded).		
	Enter filer's id				dentifying number, see instructions		
			Employe	Employer identification number (EIN) o			
print THE BROOKLYN QUEENS	S CONSERVATORY	OF					
by the MUSIC				11-1532426			
ng your			Social se	Social security number (SSN)			
return See   58 SEVENTH AVENUE							
City, town or post office, state, and BROOKLYN, NY 1121		dress, see instructions.					
	. 3000						
Enter the Return code for the return that this ap	oplication is for (file a separa	ate application for each return)			0 1		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990 or Form 990-EZ	01						
Form 990-BL					08		
Form 4720 (individual)					09		
Form 990-PF					10		
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	6069				
Form 990-T (trust other than above) 06 Form 8870					12		
STOPI Do not complete Part II if you were no	t already granted an autor	natic 3-month extension on a prev	iously file	ed Form 886	58.		
<ul> <li>The books are in the care of ► 58 SEN Telephone No ► 718-622-3300</li> <li>If the organization does not have an office or</li> <li>If this is for a Group Return, enter the organization of the companion of</li></ul>	place of business in the Urzation's four digit Group Exc	Fax No ▶nited States, check this box	f this is fo	r the whole (			
4 I request an additional 3-month extension		15, 2015					
5 For calendar year, or other tax y	ear beginning JUL 1	, 2013 , and endin	g JUN	30, 2	014		
6 If the tax year entered in line 5 is for less t  Change in accounting period		F	Final	return			
7 State in detail why you need the extension	n						
The Organization requ	ires an addit	ional extension of	time	to fi	le a		
complete and accurate	return.						
	- <u></u>			<del></del>			
8a If this application is for Forms 990-BL, 990	0-PF, 990-T, 4720, or 6069,	enter the tentative tax, less any	Ì				
nonrefundable credits. See instructions.			8a	\$	0.		
<b>b</b> If this application is for Forms 990-PF, 990	0-T, 4720, or 6069, enter an	y refundable credits and estimated					
tax payments made. Include any prior yea	ar overpayment allowed as a	a credit and any amount paid	<u> </u>				
previously with Form 8868.					0.		
C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment S			8c	\$	0.		
		st be completed for Part II o					
Under penalties of perjury, I declare that I have examinit is true, correct, and complete, and that I am authorize	ned this form, including accomp red to prepare this form.	panying schedules and statements, and to	the best o	f my knowled	ge and belief,		
Sugnatura MA 2 10mm	Title CDA		Date	2.	1.10		

Form 8868 (Rev. 1-2014)