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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	68,086.	97,599.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	68,086.	97,599.
26 Total liabilities (describe in Schedule O)	5,296.	12,191.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,790.	85,408.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 <u>MARCHING BAND COMPETITION FEES AND RELATED TRIP COSTS FOR 100+ STUDENTS</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	19,799.
29 <u>FUNDS USED FROM FUNDRAISERS TO OFFSET STUDENT TRIP COSTS, REGISTRATION FEES, TRAINING AND OTHER EXPENSES FOR VARIOUS COMPETITIONS/PERFORMANCES THROUGHOUT THE YEAR.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	16,474.
30 <u>JUDGES, ACCOMPANISTS, GUEST PERFORMERS & HOSPITALITY FOR MUSIC CONTESTS AND PERFORMANCES.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	8,530.
31 Other program services (describe in Schedule O) <u>See Schedule O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	8,127.
32 Total program service expenses (add lines 28a through 31a)	32	52,930.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JANE KROUT Treasurer	5	0.	0.	0.
JENNIFER MONDY VP BAND	5	0.	0.	0.
JILL RUSTEN President	5	0.	0.	0.
MARY KAY OAKES VP CHOIR	5	0.	0.	0.
JILL RUKSTALES CO-VP ORCHESTRA	5	0.	0.	0.
NANCY KAYE CO-VP ORCHESTRA	5	0.	0.	0.
SUSAN KOBESKI Secretary	5	0.	0.	0.
ROB AND TRACEY COLEMAN VP MARCHING BND	5	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0., section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T
41 List the states with which a copy of this return is filed IL

42a The organization's books are in care of NORA GILE Telephone no. 847-755-2802
Located at 1000 S. QUENTIN RD PALATINE IL ZIP + 4 60067

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (blank), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (blank), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (blank), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (blank), No (X)

b If 'Yes,' was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (blank), No (X)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: None

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: None

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes (X) No

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

Sign Here: Signature of officer: Jane Krout, Date: 12/8/14, Type or print name and title: Jane Krout, Treasurer

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature: Self-Prepared, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

FREMD INSTRUMENTAL ASSOCIATION

Employer identification number

23-7337970

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

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	15,286.	14,193.	17,514.	27,316.	16,839.	91,148.
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	60,125.	55,548.	59,873.	60,380.	103,301.	339,227.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	75,411.	69,741.	77,387.	87,696.	120,140.	430,375.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	950.	820.	700.	738.	1,100.	4,308.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	950.	820.	700.	738.	1,100.	4,308.
8 Public support. (Subtract line 7c from line 6.)						426,067.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	75,411.	69,741.	77,387.	87,696.	120,140.	430,375.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	324.	605.	299.	236.	168.	1,632.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	324.	605.	299.	236.	168.	1,632.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total Support. (Add lines 9, 10c, 11 and 12.)	75,735.	70,346.	77,686.	87,932.	120,308.	432,007.
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.63 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.38 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.85 %

- 19a 33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	COOKIE DOUGH S (event type)	MARCH SPIN (event type)	4 (total number)	(add column (a) through column (c))		
1	Gross receipts	32,118.	23,207.	47,976.	103,301.	
2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	32,118.	23,207.	47,976.	103,301.	
DIRECT EXPENSES	4	Cash prizes			5,050.	5,050.
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages			2,615.	2,615.
	8	Entertainment				
	9	Other direct expenses	20,650.		15,295.	35,945.
	10	Direct expense summary Add lines 4 through 9 in column (d)				43,610.
11	Net income summary Subtract line 10 from line 3, column (d)				59,691.	

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary Subtract line 7 from line 1, column (d)			

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

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

b If 'No,' explain _____

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

b If 'Yes,' explain. _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

FREMD INSTRUMENTAL ASSOCIATION

Employer identification number

23-7337970

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SUPPORT THE MUSIC EDUCATION OF FREMD HIGH SCHOOL STUDENTS

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

FREMD INSTRUMENTAL ASSOCIATION

23-7337970

Form 990-EZ, Part I, Line 16
Other Expenses

ACCOMPANIST FEES	\$	2,320.
ADMIN/OFFICE		1,079.
ARTFEST EXPENSES		2,122.
BAND - OTHER		370.
BAND FESTIVAL FEES		1,000.
BAND SUPPLIES/EXPENSE		500.
CHOIR SUPPLIES/EXPENSE		12.
CHOIR UNIFORMS		717.
CONCERTO ARIA		698.
ENSEMBLE EXPENSES		4,035.
FMA NEWSLETTER		76.
GOODWILL EXP		300.
HOSPITALITY		1,097.
JAZZ BAND COMPETITION FEES		675.
JAZZ BAND MUSIC		250.
JUNIOR HIGH RECRUITMENT		670.
MARCHING BAND RELATED EXPENSES		19,799.
MEMORIAL DAY PARADE		583.
ORCHESTRA SUPPLIES/EXPENSE		200.
OUTSIDE VENUES		950.
OUTSOURCED INSTRUCTORS		1,150.
RECORDING FEES		1,650.
SENIOR AWARDS		1,220.
SHEET MUSIC		1,287.
TRIP FUNDS USED FOR TRIP EXP.		10,170.
Total	\$	<u>52,930.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Total	\$ 5,296.	\$ 12,191.
	<u>\$ 5,296.</u>	<u>\$ 12,191.</u>

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants</u>	<u>Program Service Expenses</u>
HOSPITALITY, AWARDS, ACCOMPANISTS, GUEST PERFORMERS AND INSTRUCTORS FOR VARIOUS BAND, CHOIR AND ORCHESTRA RELATED CONCERTS/EVENTS.		8,127.
Includes Foreign Grants: No		
Total	\$ 0.	<u>\$ 8,127.</u>

FREM D INSTRUMENTAL ASSOCIATION

23-7337970

Program Service Accomplishments**Expenses****MARCHING BAND COMPETITION FEES AND RELATED TRIP COSTS FOR 100+ STUD**

DRUM MAJOR	\$	1,000.
ADDITIONAL INSTRUCTORS		2,448.
HOSPITALITY		3,443.
COLORGUARD CHOREOGRAPHY		1,250.
COMPETITION FEES		1,100.
DRILL FORMATIONS		2,250.
PROPS		243.
SPIRIT WEAR		265.
SENIOR HOSPITALITY		252.
SHOW MUSIC		2,000.
UNIFORM CLEANING		3,523.
VIKETTE FLAGS		551.
VIKETTE UNIFORMS		1,474.
Total	\$	<u>19,799.</u>

Program Service Accomplishments**Expenses****JUDGES, ACCOMPANISTS, GUEST PERFORMERS & HOSPITALITY FOR MUSIC CON PERFORMANCES.**

BAND FESTIVAL FEES	\$	1,000.
JAZZ BAND COMPETITION FEES		675.
ARTFEST PERFORMER FEES		1,900.
ARTFEST HOSPITALITY		222.
CONCERTO ARIA		698.
ENSEMBLE EXP - ORCHESTRA COACHES		1,530.
ENSEMBLE JUDGES		2,505.
Total	\$	<u>8,530.</u>

Program Service Accomplishments**Expenses****HOSPITALITY, AWARDS, ACCOMPANISTS, GUEST PERFORMERS AND INSTRUCO CHOIR AND ORCHESTRA RELATED CONCERTS/EVENTS.**

BAND - OTHER	\$	370.
CHOIR UNIFORMS		717.
ACCOMPANIST FEES - CHOIR		1,945.
ACCOMPANIST FEES - ORCHESTRA		375.
HOSPITALITY		1,097.
JUNIOR HIGH RECRUITMENT		670.
MEMORIAL DAY PARADE		583.
OUTSOURCED INSTRUCTORS		1,150.
SENIOR AWARDS		1,220.
Total	\$	<u>8,127.</u>

FREM D INSTRUMENTAL ASSOCIATION

23-7337970

**Program Service Accomplishments
Expenses****FUNDS USED FROM FUNDRAISERS TO OFFSET STUDENT TRIP COSTS, REGISTRAT
AND OTHER EXPENSES FOR VARIOUS COMPETITIONS/PERFORMANCES THROUGH**

JAZZ BAND MUSIC	\$	250.
MISC. BAND SUPPLIES/EXPENSES		500.
MISC. CHOIR SUPPLIES/EXPENSES		12.
MISC. ORCHESTRA SUPPLIES/EXPENSES		200.
FUNDS USED FROM FUNDRAISERS TO OFFSET TRIP EXPENSES		10,170.
ADMIN/OFFICE EXPENSE		1,079.
FMA NEWSLETTER		76.
GOODWILL EXP		300.
OUTSIDE VENUES		950.
RECORDING FEES		1,650.
SHEET MUSIC		1,287.
Total	\$	<u>16,474.</u>