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DLN: 93493265002256

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or th	ne 2015 c	alendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-20	15			
		applicable	C Name of organization	: <u> </u>		D Employ	yer identi	fication number
┌ Add	dress	change	OLD TOWN SCHOOL OF FOLK MOSIC			36-23	73635	
┌ _{Na}	me ch	hange	Doing business as					
┌ Ind	tial ret	turn						
Fin				all is not delivered to street address) Room/s	uite	—— E Telepho	ne numbe	r
ret	urn/te	erminated	4544 NORTH LINCOLN AVENUE			(773)	728-600	00
		d return on pending	City or town, state or province, cour CHICAGO, IL 60625	try, and ZIP or foreign postal code		G Gross re	eceipts \$ 1	3,794,342
			F Name and address of prin	cıpal officer	H(a) I	s this a group	return fo	r
			KISH KHEMANI 4544 NORTH LINCOLN AV	ENLLE		ubordinates?		✓ Yes ✓ No
			CHICAGO, IL 60625	ENGE	l l	re all subordii ncluded?	nates	□Yes □No
							a lıst (s	ee instructions)
I Ta	x-exe	empt statu	s 🔽 501(c)(3)	nsert no) 4947(a)(1) or 527		Group exempti	-	•
J W	ebsit	te:► W	WW OLDTOWNSCHOOL ORG					
K For	m of c	organizatio	n V Corporation Trust Associatio	n	L Year	of formation 19	60 M St	ate of legal domicile IL
	rt I		nmary		1			-
	1		escribe the organization's mission	or most significant activities				
		,		l expressions rooted in the traditions	of diverse	American and	global c	ommunities
ጵ	.							
Ě	-							
Governance	,	Chackt	this how III if the organization dis	continued its operations or disposed	of more th	an 25% of its	not acco	te
<u> </u>	1	CHECK	ins box = 11 the organization dis	continued its operations of disposed	or more the	all 25 % Of its	iiet asse	ts .
	3	Numbei	of voting members of the governi	ng body (Part VI, line 1a)			з	31
8	4	Numbei	of independent voting members o	f the governing body (Part VI, line 1b)		4	31
Ě	5	Total nu	umber of individuals employed in c	alendar year 2015 (Part V, line 2a)			5	424
Activities &	6	Total nu	umber of volunteers (estimate if no	ecessary)			6	459
٠,	7a	Total ui	nrelated business revenue from Pa	rt VIII, column (C), line 12		[7a	0
	ь	Net unre	lated business taxable income fro	m Form 990-T, line 34		[7b	0
						Prior Year		Current Year
	8	Cont	ributions and grants (Part VIII, li	ne 1h)		1,912,9	22	3,307,184
Revenue	9	Prog	ram service revenue (Part VIII, li	ne 2g)		9,374,4	180	8,949,504
9.0	10	Inve	stment income (Part VIII, column	(A), lines 3, 4, and 7d)		27,2	200	27,171
二	11	Othe	r revenue (Part VIII, column (A),	503,7	28	473,952		
	12	Tota 12)	l revenue—add lines 8 through 11	(must equal Part VIII, column (A), lı	ne	11,818,3	330	12,757,811
	13	Gran	ts and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		205,8	375	224,277
	14	Bene	fits paid to or for members (Part I	X, column (A), line 4)			0	0
ø	15	Sala: 5-1(e benefits (Part IX, column (A), lines		7,341,7	753	7,748,124
Expenses	16a		o) essional fundraising fees (Part IX,	column (A.) line 11e)			0	0
Φ ≏	Ь							0
Д	17		fundraising expenses (Part IX, column (D	ines 11a-11d, 11f-24e)		4,051,4	116	4 105 429
	18			st equal Part IX, column (A), line 25)	•	11,599,0	-	4,195,438 12,167,839
	19			18 from line 12		219,2		589,972
Net Assets or Fund Balances			Subtract IIIC			ing of Current \		End of Year
to gr	20	Tota	l assets (Part X, line 16)			23,435,7	47	22,372,964
수 유 유	21		l liabilities (Part X, line 26)			4,371,3		2,718,967
žŽ	22			line 21 from line 20		19,064,3	-	19,653,997
Unde my k	nowle	nalties o edge and		mined this return, including accompa plete Declaration of preparer (other				
		. I B	***			2016-09-15		
Sigr		Sıg	nature of officer			Date		
Her			SH KHEMANI CHAIRMAN OF BOARD					
		Тур	pe or print name and title					
			Print/Type preparer's name Kimberly A Haumann	Preparer's signature Kimberly A Haumann	Date 2016-08-29	Check If self-employed	PTIN P0054649	91
Paid			Firm's name PLANTE & MORAN PLLC	· l		Firm's EIN 🕨 38		
Pre	par	er	FIRM's address 10 S Diverside Plaza Ot			Phono no. (212)		

Chicago, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

. ✓ Yes 厂 No

۲	or	m	9	9	U	(2	· U	1	5)	

age **2**

Par	t IIII Sta	tement of Program S	ervice Accomp	lishments		
				o any line in this Pa	rt III	· · · · · · · · · · · · · · · · · · ·
1	Briefly des	scribe the organization's mis	ssion			
			and celebrates mus	sic and cultural exp	ressions rooted in the traditions	of diverse American and
glob	al communit	ies				
2		ganization undertake any sig orm 990 or 990-EZ?	ınıfıcant program se	ervices during the ye	ear which were not listed on	⊤Yes 🔽 No
	If "Yes," d	escribe these new services	on Schedule O			
3	services?	ganization cease conducting		-	conducts, any program	⊤Yes ▼No
	If "Yes," d	escribe these changes on S	chedule O			
4	expenses		(c)(4) organizations	s are required to rep	three largest program services port the amount of grants and all	
4a	(Code) (Expenses \$	6,489,368	including grants of \$	224,277) (Revenue \$	6,636,721)
	ARTS INSTE	RUCTION IN 2015, 15,647 STUDE R SUMMER CAMP MORE THAN 7,	NTS MADE 28,961 REGI 500 ATTENDED FIRST F	ISTRATIONSFOR GROUP RIDAY OPEN HOUSE EVE	CLASSES, 6,246 FOR PRIVATE LESSON ENTS, TEEN OPEN MIC, SOCIALS, JAMS,	S, 2,136 FOR WORKSHOPS, . AND STUDENT SHOWCASES
4b	(Code) (Expenses \$	1,948,268	including grants of \$	0) (Revenue \$	1,726,275)
70	,	, , ,	, ,		NDED THE SQUARE ROOTS FESTIVAL	1,120,213 /
		· ·	•	·	•	
4c	(Code) (Expenses \$	796,028	ıncludıng grants of \$) (Revenue \$	142,494)
		IN CHICAGO PUBLIC SCHOOLS AN			D IN THE ARTIST IN RESIDENCE AND VOTE LEARNING, AND 7,700 ATTENDED VOTE LE	
	See Addit	tional Data				
4d	Other pro	gram services (Describe in	Schedule O)			
	(Expense	s \$ 897,685	including grants o	of \$) (Revenue \$	991,540)
4e	Total pro	gram service expenses 🕨	10,131,349			

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Pai	t IV Checklist of Required Schedules			
	<u> </u>		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ***	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🛂	10	Yes	
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?		Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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Pal	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			.୮
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	378		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	424		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	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)?			No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or quere not tax deductible?	gıfts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods are services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	9 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ne 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	for 13a		
h	Enter the amount of reserves the organization is required to maintain by the states	134		
	ın which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	I

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
L 4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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		No
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		
	Let the Chates with which a consentative forms 000 to measured to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed► IL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records MIRIAM BRAGANZA 4544 n lincoln avenue chicago, IL 60625 (773) 751-3331

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more than one person is bot			ox, an c	unless officer	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	,	MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Section A. Officers,	Directors,	Trustees,	Key Em	iployee	s, and Hi	ghest Com	pensated Emi	ployees	(continued)
١	Section A. Officers,	Section A. Officers, Directors,	Section A. Officers, Directors, Trustees,	Section A. Officers, Directors, Trustees, Key Em	Section A. Officers, Directors, Trustees, Key Employees	Section A. Officers, Directors, Trustees, Key Employees, and Hi	Section A. Officers, Directors, Trustees, Key Employees, and Highest Com	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one l both	box, an d	heck unless officer stee)		(C Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	amou com	(F) timat nt of pensa om th	other ation
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		izatio elate nizat	d
See	Addıtıonal Data Table													
1b c	Sub-Total		 ection A	٠.	•		. 🕨							
d	Total (add lines 1b and 1c) .						►		63	7,556	0		į	55,005
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wł	no receive	d more th	an			
												Y	es	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen		3		No
4	For any individual listed on line organization and related organ	e 1a, is the sum	of repo	rtable	e co						on from the			110
5	Individual	a receive or acc	rue cor	nner	• cati	• on fr	om anv	• / !!br	• • elated org	anization	or individual for	4 Y	es	
J	services rendered to the organ										· · ·	5		No
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												ear	
	N	(A) ame and business	address							Des	(B) scription of services	Cor	(C)	ation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part V	Ш	Statement o						_
		Check if Sched	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						revenue		sections 512-514
s	1a	Federated cam	paigns 1a					
Giffs, Grants ilar Amounts	b	Membership du	es 1b	616,610				
19 GE	С	Fundraising eve	ents 1c	376,950				
ž. <u>₹</u>	_	_		<u> </u>				
<u>.</u> 1.0 ±	d	Related organiz						
£, Ë	е	Government grant	s (contributions) 1e	145,000				
	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	2,168,624				
≣ੁ≢ੁ	g		ons included in lines	151,558				
Contributions, Giffs, Grants and Other Similar Amounts		1a-1f \$			2 207 194			
<u>ة د</u>	h	Total. Add lines	5 1 a - 1 f	· · · · •	3,307,184			
<u>e</u>				Business Code				
Ke LI	2a	TUITION		611600	6,636,721	6,636,721		
28	Ь	CONCERT ADMISS	ION/SALES	711300	1,868,769	1,868,769		
MCe	С	REFERRALS		900099	266,468	266,468		
Seri	d	OTHER PROGRAM	REVENUE	900099	95,247	95,247		
Program Serwice Revenue	е	PARKING LOT		812930	82,299	82,299		
100 l	f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		8,949,504			
	3		ome (including dividen		27,126			27,12
	4		ar amounts) stment of tax-exempt bond	H	27,120			27,12
	5	Royalties						
		i i	(ı) Real	(II) Personal				
	6a	Gross rents	, ,	,				
	b	Less rental						
	В	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Cross amount	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	159,181					
	ь	Less cost or other basis and	159,136					
		sales expenses	·					
	С.	Gain or (loss)	<u>45</u>		45			4
1.	d 8a	Gross income f	irom fundraising	· · · · •	43			4
Other Kevenue	ou .	events (not inc \$376	luding ,950 s reported on line 1c)					
<u>.</u>			а	23,475				
5	b		penses b	97,049	-73,574			-73,57
	c 9a	Gross income f	rom gaming activities ne 19	events .	-73,374			-/3,3/
	L	lane d	a					
	b c		penses b (loss) from gaming acti ^r	vities				
		Gross sales of	ı					
		returns and allo	owances .					
			a	1,327,872				
	b	_	oods sold b	780,346	547,526	547,526		
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code	020,170	577,320		
	11a	-macenaneou	5 Nevellue	Duamesa Code				
	h							
	C							
	d	All other reven	ue					
	u e	Total. Add lines		🕨				
	12	iotai revenue.	See Instructions .	· · · · •	12,757,811	9,497,030	C	-46,40

Form 990 (2015) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	atıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			· · · ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	224,277	224,277		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	304,303	195,553	32,108	76,642
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,475,603	5,757,628	167,988	549,987
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	481,051	409,870	31,240	39,941
10	Payroll taxes	487,167	427,257	15,701	44,209
11	Fees for services (non-employees)				
а	Management				
b	Legal	94	75	12	7
С	Accounting	71,288	57,066	8,413	5,809
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,212,039	969,946	242,093	
12	Advertising and promotion	520,761	375,498	132,833	12,430
13	Office expenses	238,517	205,851	17,118	15,548
14	Information technology	31,839	27,080	3,707	1,052
15	Royalties	218		218	
16	Occupancy	308,556	278,926	22,085	7,545
17	Travel	22,877	18,662	281	3,934
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	76,502		76,502	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	853,374	465,390	372,050	15,934
23	Insurance	72,166	57,795	12,498	1,873
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BUILDING AND EQUIPMENT	312,571	297,796	5,156	9,619
b	BANKING AND CREDIT CARD	258,426	195,816	46,722	15,888
c	Concert Production	161,857	161,857		
d					
е	All other expenses	54,353	5,006	60	49,287
25	Total functional expenses. Add lines 1 through 24e	12,167,839	10,131,349	1,186,785	849,705
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 2 3.046.391 2 2.194.492 Savings and temporary cash investments 1,041,523 1,569,480 Pledges and grants receivable, net 3 3 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 370,253 8 409,982 8 180,708 163,200 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 23,454,541 10a Complete Part VI of Schedule D b 10b 5,479,102 18,513,629 10c 17,975,439 Less accumulated depreciation 75,121 11 60.371 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 208,122 15 Λ 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,435,747 16 22,372,964 360.845 357,882 17 **17** 18 18 1,949,410 19 2,361,085 19 2.061.095 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 4,371,350 26 2,718,967 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 17,811,357 17,878,703 27 27 940,250 1,455,674 28 28 Fund 312,790 319,620 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 19,064,397 33 19,653,997 Total liabilities and net assets/fund balances 23,435,747 34 22.372.964

	330 (2013)			Г	aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
	Check if Schedule O contains a response of note to any line in this part XI	· · ·	•		• 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,7	757,811
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,1	.67,839
3	Revenue less expenses Subtract line 2 from line 1	3		Ę	89,972
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,0	064,397
5	Net unrealized gains (losses) on investments	5			-372
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			C
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		19,6	53,997
Par	t XIII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 36-2373635

Name: OLD TOWN SCHOOL OF FOLK MUSIC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	897,685 including grants of \$) (Revenue \$	991,540)
Stores and Cafe				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Ind		ntracto	rs					1	I	1 1
(A) Name and Title	(B) Average hours per week (list any hours	Positi more to perso and a	tion (han o n is b	ne b	ox,ι an o	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Kısh Khemanı	4 00	x		х				0	0	0
Chairman James Rachlin	2 00									
Vice Chairman		×		Х				0	0	0
Don McLellan	2 00	<u> </u>		.,						
Vice Chairman		X		Х				0	0	0
Gary Maurer Vice Chairman	2 00	х		х				0	0	0
John Shea Secretary	2 00	х		х				0	0	0
Juan Pablo Reyes	2 00									
Treasurer		X		Х				0	0	0
Robert P Arthur	1 00	х						0	0	0
Director	1.00							_		
Mary Beth Berkoff	1 00	×						0	0	0
DENISE BINDELGLASS	1 00									
Director		Х						0	0	0
Timothy Davis Director	1 00	х						0	0	0
Louise Frank	1 00	x						0	0	0
Director		_ ^						0	0	0
ERIC GUTH Director	1 00	х						0	0	0
Mark Ishaug Director	1 00	х						0	0	0
James Kastenholz	1 00	х						0	0	0
Susan Kessell	1 00									
Director		X						0	0	0
Michelle S Ley Director	1 00	х						0	0	0
Meredith Mack	1 00	X						0	0	0
Christopher S McGuire	1 00	-				-				
Director		х						0	0	0
Pat Moran Director	1 00	х						0	0	0
James Newcomb Director	1 00	х						0	0	0
Bryan K Oakley	1 00	х						0	0	0
Robert D Ospalik	1 00	X						0	0	0
Director									0	<u> </u>
John B Palmer III Director	1 00	х						0	0	0
Ken M Pelletier	1 00	х						0	0	0
Tim Porter	1 00	х						0	0	0
Director	1									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more the persola Individual trustee or director	ion (d nan o n is b	ne booth a	ox, u an of trus	nless ficer tee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Gayle Prete	1 00	x					0	0	0
Director									
Mike Prussian	1 00	l x					0	0	0
Director							-	-	_
Douglas P Regan Director	1 00	x					0	0	0
Alejandro Riera Director	1 00	х					0	0	0
DAVID ROWND Director	1 00	х					0	0	0
Stacey Sather Director	1 00	х					0	0	0
Elizabeth Betsy M Solaro Director	1 00	х					0	0	0
Kate Tomford Director	1 00	х					0	0	0
Eli Tullis Director	1 00	х					0	0	0
Michael Warner Director	1 00	×					0	0	0
RA JOY DIRECTOR	1 00	х					0	0	0
James Bau Graves Executive Director	40 00			х			211,296	0	21,011
Paul Aanonsen Finance Director (PART-YEAR)	40 00			х			38,581	0	3,674
MIRIAM BRAGANZA FINANCE DIRECTOR	40 00			х			28,209	0	1,532
Mary Jane Drews Director of Institutional	40 00					х	153,548	0	9,538
Gail Tyler Administration Director	40 00					х	101,499	0	9,800
TROY HANSBROUGH SENIOR DIRECTOR OF PROGRAMMING	40 00					х	104,423	0	9,450

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493265002256

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OLD T	OWN S	CHOOL OF FOLK MUSIC								
Do		Dancon for Dubli	a Charita C	Mature / All avecause		manlata this r	36-2373635			
	rt I						oart.) See instructio	ns.		
	organiz	zation is not a private fo		•		·	•			
1	<u> </u>	A church, convention	=			=				
2	고	A school described in								
3	_	A hospital or a cooper								
4	ļ	A medical research or	-	erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the		
5	Γ	hospital's name, city, An organization opera 170(b)(1)(A)(iv). (C	ated for the be	=	iversity owned	or operated by	a governmental unit d	escribed in section		
6	Γ	A federal, state, or loc	•	•	described in se	ection 170(b)(1)(A)(v).			
7	Г -	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	_	ental unit or from the g	eneral public		
8	<u> </u>	A community trust de						_		
9	ı	receipts from activition from gross investmen	es related to it it income and	s exempt functions—s	subject to certa xable income (l	in exceptions, ess section 51	ibutions, membership and (2) no more than : 1 tax) from businesse	331/3% of its suppor		
10	Г	An organization organ					n 509(a)(4).			
11	_	An organization organ						ut the purposes of		
	_	one or more publicly s the box in lines 11a th	upported orga rough 11d tha	nizations described in at describes the type o	section 509(a) of supporting or)(1) or section ganization and	509(a)(2) See sectio complete lines 11e, 1	n 509(a)(3). Check 1f, and 11g		
а	ı	Type I. A supporting of supported organization You mus	n(s) the power	to regularly appoint o	r elect a majori					
ь	Γ	Type II. A supporting	•	•		with its suppo	rted organization(s), b), by having control or		
		management of the su								
	_	must complete Part I	•							
С	ı	Type III functionally						grated with, its		
d	\vdash	supported organization Type III non-function						anization(s) that is		
_	'	not functionally integr								
	_	(see instructions) Yo								
е		Check this box if the o					s a Type I, Type II, T	ype III functionally		
f	F	integrated, or Type III								
	Elitei	r the number of support Provide the following i								
g		Provide the following i	illorillation abi	out the supported orga	iiiizatioii(s)					
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)		
Nan	ne of s	upported organization		Type of	Is the organ		A mount of	A mount of other		
				organization	listed in your		monetary support	support (see		
				(described on lines	docume	ent?	(see instructions)	instructions)		
				instructions))	1-9 above (see					
	Illistractions //									
					Yes	No				

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	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 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 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts 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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
		-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	 33 1/3% support test—2015. 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 33 1/3% support test—2014. 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 						
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·			
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 A mounts paid to perform activity that directly furth excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exemp						
4 A mounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval re	quired)					
6 Other distributions (describe in Part VI) See instru	uctions					
7 Total annual distributions. Add lines 1 through 6						
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
d From 2013						
e From 2014						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2015 distributable amount						
 Carryover from 2010 not applied (see instructions) 						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7						
\$						
a Applied to underdistributions of prior years						
b Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)						
7 Excess distributions carryover to 2016. Add lines 31 and 4c						
8 Breakdown of line 7						
c Excess from 2013						
d From 2014						
e From 2015						

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493265002256

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public

	(Form 990) and its instructions is at www.irs		
me of the organization O TOWN SCHOOL OF FOLK MUSIC			oyer identification number 373635
rt I Organizations Maintaining Donor	Advised Funds or Other Similar F	_	
	ed "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed ┌ Yes
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose Yes No
t III Conservation Easements. Comple	ete if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year	ation or education) Preservation of ar Preservation of a	certified	cally important land area I historic structure of a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	ricia de che End or che rear
Total acreage restricted by conservation easeme	ents	2b	
Number of conservation easements on a certified		2c	
Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	ed by the	e organization during the
tax year ►			
Number of states where property subject to cons	ervation easement is located 🕨		
Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitoring, inspection, han	dling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
<u> </u>			
A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	tion easements during the year
▶ \$			
Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the requirements of sec	ction 17	0 (h)(4)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
Organizations Maintaining Collect		or Oth	er Similar Assets.
Complete if the organization answers If the organization elected, as permitted under SF	ed "Yes" on Form 990, Part IV, line 8.	niie stat	rement and halance sheet
works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	or resea	arch in furtherance of public
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
Revenue included on Form 990, Part VIII, line 1	L	► \$_	
Assets included in Form 990, Part X		- \$	
If the organization received or held works of art, he following amounts required to be reported under S			cial gain, provide the
Revenue included on Form 990, Part VIII, line 1			▶ \$
			. т

b Assets included in Form 990, Part X

Par	ł III	Organizations Maintaining (continued)	Collections of	Art, His	torical	Treasu	res, or C	ther Similar A	ssets
3		y the organization's acquisition, accortion items (check all that apply)	ession, and other re	cords, ch	neck any	of the follo	wing that a	are a significant us	e of its
а	▽ P	ublic exhibition		d	☐ Loa	an or exch	ange progr	ams	
b	r s	cholarly research		e	┌ ot	her			
С	√ P	reservation for future generations							
4	Provi Part >	de a description of the organization' KIII	s collections and ex	kplaın hov	v they fur	ther the or	ganızatıon	ı's exempt purpose	ın
5		g the year, did the organization soli							_
		s to be sold to raise funds rather th		as part o	of the org	anızatıon's	collection	1? Yes	✓ No
Pal	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Par	rt IV, lıne	9, or rep	oorted an amour	nt on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmediary	for contr	ributions o	r other ass	ets not Yes	┌ No
b	If"	'Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing tal	ble		Am	ount
c	Be	ginning balance					1c		
d	Αd	ditions during the year					1d		
е	Dis	stributions during the year					1e		
f	End	ding balance					1f		
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for escro	w or custo	dıal accou	nt liability? Yes	□ No
b Pa	If"Ye	es," explain the arrangement in Part Endowment Funds. Comple							
		·	(a)Current year		or year	b (c) Two	<u>_</u>	(d)Three years back	(e)Four years back
1a	Begir	nning of year balance	312,790		286,019		283,017	281,783	203,725
b	Conti •	ributions · · · · · · ·	6,830		26,771		3,002	1,234	78,058
С	Net II Iosse	nvestment earnings, gains, and is	1,253		959		1,421	1,130	12,714
d	Grant	ts or scholarships	1,253		959	'	1,421	1,130	12,714
e		r expenditures for facilities rograms							
f	A dmı	nistrative expenses							
g		of year balance	319,620		312,790		286,019	283,017	281,783
2	Provi	de the estimated percentage of the	current year end ba	lance (lın	e 1g, col	umn (a)) h	eld as		
а	Board	i designated or quasi-endowment 🕨							
b	Perm	anent endowment 🛌 100 000 %							
c	Temp	orarily restricted endowment 🕨							
	•	percentages on lines 2a, 2b, and 2c	should equal 100%						
За		here endowment funds not in the pos iization by	ssession of the orga	inization	that are h	neld and ac	lmınıstere	d for the	Yes No
	(i) un	related organizations							(i) No
		elated organizations							(ii) No
ь 4		es" on 3a(II), are the related organiz ribe in Part XIII the intended uses o							Bb
	t VI	Land, Buildings, and Equip		endowin	ent runus	'			
		Complete if the organization a		Form 9	90, Part	IV, line	11a.See I	Form 990, Part X	(, line 10.
		Description of property		Cos	(a) st or other b (investment)	basıs Cost	(b) or other basi (other)	Accumulated	(d)Book value
	Land				,	•	2,002,58	32	2,002,582
	Buildin						19,267,37		
c	Leaseh	nold improvements					1,499,63	943,05	<u> </u>
d	Equipn	nent					684,94	13 442,80	4 242,139
е	Other								
Ter		lines to through to Column (4)	et aqual Form 200 2		mn (B) 1	10/=\ \			17.075.400
iota	ı. A aa	lines 1a through 1e <i>(Column (d) mus</i>	ı equal rorm 990, Pa	ιι λ, COIUI	ии (в), Ш	1 C 1U(C).)		🟲	17,975,439

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
) -		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 Part VIII Investments—Program Related)		
Complete if the organization answe	red 'Yes' on Form 990), Part IV, line 11c. _{Se}	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l 'Yes' on Form 990,	Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value		
Faderal income toyee			
Federal Income taxes			
		\dashv	
		_	

	·		
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	13,537,785
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	779,974
3	Subtract line 2e from line 1	3	12,757,811
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,757,811
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	12,948,185
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	780,346
3	Subtract line 2e from line 1	3	12,167,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,167,839

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part III, Line 1a	THE ORGANIZATION'S MUSEUM COLLECTION INCLUDES ANTIQUE AND PERIOD FOLK INSTRUMENTS, TEXTBOOKS, AND MUSIC BOOKS IN CONFORMITY WITH THE PRACTICE COMMONLY FOLLOWED BY MOST AMERICAN ART MUSEUMS, THE VALUE OF THE COLLECTION IS NOT INCLUDED IN THE FINANCIAL STATEMENTS
Part III, Line 4	Collection of 23 antique Stewart banjos (late 19th century), ONE Martin Guitar formerly owned by John Lennon and played in his final public performance, ONE MARTIN GUITAR FOMERLY OWNDED BY BIG BILL BROONZY, AND MORE THAN 20,000 RECORDINGS, VIDEOS, BOOKS AND PERIODICALS THEY FURTHER THE ORGANIZATION'S EXEMPT PURPOSE BY PROVIDING A TOOL TO EDUCATE AND INFORM PATRONS ABOUT MUSIC AND CULTURE
Part V, Line 4	FINANCIAL AID TO OLD TOWN SCHOOL STUDENTS
Part X, Line 2	Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Management has analyzed the tax positions taken by the organization, and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2012.
Part XI, Line 2d - Other Adjustments	SALE OF INVENTORY - COST OF GOODS SOLD 780,346
Part XII, Line 2d - Other Adjustments	SALE OF INVENTORY - COST OF GOODS SOLD 780,346

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493265002256

Employer identification number

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE E (Form 990 or 990-EZ)

Name of the organization OLD TOWN SCHOOL OF FOLK MUSIC

Schools

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

	36-2373635			
Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?	5, 1	Yes	
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	Yes	
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	Yes	
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	y 4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
-	copies of all material asea by the organization of on its behalf to solicit contributions.	100		
	If you answered "No" to any of the above, please explain If you need more space, use Part II	_		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3	Old Town School's nondiscrimination policy IS on its website, IN APPLICATION, AND ON STUDENT MATERIALS
Schedule E, Part I, Line 6	The School received total grants of approximately \$145,000 from various governmental agencies to help fund special programs and general operations

Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493265002256

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

	e of the organization TOWN SCHOOL OF FOLK MUSI	C			Employer identi	fication number
OLD	TOWN SCHOOL OF FOLK MUSI	C			36-2373635	
Pai	General Informatio Complete if the organ				. 14b.	
1	For grantmakers. Does the and other assistance, the grants or used to award the grants or	antees' eligibil	ity for the gra	nts or assistance, and	the selection criteria	√ Yes
2	For grantmakers. Describe I assistance outside the Unite	d States.				s and other
3	Activites per Region (The follow	ving Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Europe (Including Iceland & Greenland)	0	3	PROGRAM SERVICES	MUSIC PERFORMANCE & TEACHING	10,66
(2)	South America	0	1	PROGRAM SERVICES	MUSIC CONFERENCE	724
(3)	Europe (Including Iceland & Greenland)	0	1	PROGRAM SERVICES	WORLD MUSIC EXPO	1,69
(4)						
(5)						
3a	Sub-total	0	5			13,08
b	Total from continuation sheets to Part I	0	0			(
C	Totals (add lines 3a and 3b)	0	5			13,08

Schedule F	Schedule F (Form 990) 2015
Part II	ATTIV Grants and Other Assistance to Organizations or Entities Outside the United States.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if
	additional space is needed.

Complete additional	Complete if the organizatior additional space is needed.	Complete if the organization answered "Yes" to Form 990, Part IV, additional space is needed.	s" to Form 990, Pari -		recipient who rece	line 15, for any recipient who received more than \$5,000. Part II can be duplicated if	000. Part II can be	duplicated if
1 (a) Name of organization	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

ო

Schedule F (Form 990) 2015

Part III Grants and Ot Part III can be	Grants and Other Assistance to Individuals Outs Part III can be duplicated if additional space is needed	o Individuals	Outside the Unite	ed States. Complete r	the organization ai	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV.
							appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ᅜ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

Additional Data

Software ID: **Software Version:**

EIN: 36-2373635

Name: OLD TOWN SCHOOL OF FOLK MUSIC

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493265002256

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Open to Public Inspection

	e of the organization TOWN SCHOOL OF FOLI	< MUSIC					Employer ide	ntification number
_							36-2373635	5
3		-		_	ation answered "Yes"	on Form	990, Part IV	, line 17.
	Form 990-EZ file	rs are not requi	ed to co	mplete t	hıs part.			
	Indicate whether the orga	anızatıon raısed fun	ds throug	h any of th	ne following activities C	heck all the	at apply	
	Mail solicitations				e ┌ Solicitation of n	on-governr	nent grants	
	Internet and email so	licitations			$\mathbf{f} \boxed{}$ Solicitation of g		grants	
	Phone solicitations				g Special fundrais	ing events		
	In-person solicitation	าร						
1	Did the organization have or key employees listed is services?							es No
)	If "Yes," list the ten high to be compensated at lea	est paid individual ast \$5,000 by the o	s or entiti organizati	es (fundra on	isers) pursuant to agree	ements und	er which the f	undraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundraı cust con	Did ser have ody or trol of	(iv) Gross receipts from activity	(or retained fundrais	ount paid to ained by) er listed in bl (i)	(vi) A mount paid to (or retained by) organization
-			Yes	outions?				
}								
,								
3								
€								
)								
t a	ı	•						
	ist all states in which the egistration or licensing	organization is regi	stered or	licensed t	o solicit contributions o	or has been	notified it is e	exempt from

Complete if the organization answered "Yes" on 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.

		(-) T #1	(6)5	(-) O +h +-	1
		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		CONCERT (event type)	CONCERT (event type)	(total number)	(add col (a) through col (c))
		(event type)	(event type)	(total number)	(6)
Φ					
Ð.					
Revenue	1 Gross receipts	384,685	15,740		400,425
	2 Less Contributions	364,885	12,065		376,950
	3 Gross income (line 1 minus line 2)	19,800	3,675		23,475
		15,000	3,073		23,473
	4 Cash prizes				
	5 Noncash prizes				
မှ	6 Rent/facility costs				
Expenses	7 Food and beverages	21,288			21,288
នី	8 Entertainment	60,500	3,358		63,858
Direct	9 Other direct expenses	9,977	1,926		11,903
ā	10 Direct expense summary Add lines	4 through 9 ın column (d)		97,049
	11 Net income summary Subtract line :	10 from line 3, column (c	I)		-73,574
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	n answered "Yes" on I	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Reg	1 Cross rayanua				
	1 Gross revenue				
S S S S S	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct F	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	✓ Yes	Г Yes	┌ Yes <u>%</u>	
	7 Direct expense summary Add lines	2 through 5 in column (c	1)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
					•
9 a	Enter the state(s) in which the organization licensed to conduct				┌Yes ┌No
ь	If "No," explain				
	11 NO, EXPIRIT				-
10a	Were any of the organization's gaming	icenses revoked, suspe	nded or terminated during	the tax year?	「Yes 「No

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
L4	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L 6	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	on. Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa); and
	Return Reference		Explanation		
		•			

efile GRAPHIC print - DO NOT PROCESS	rint - DO NOT I	PROCESS As	As Filed Data -				DLN: 9	DLN: 93493265002256
Schedule I (Form 990) Department of the Treasury Internal Revenue Service		Gra Gove Complete ► Information	ants and Othe ernments and e if the organization a bout Schedule I (Fo	er Assistance to Individuals in tanswered "Yes," on Form Pottach to Form 990.	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ** Attach to Form 990.** Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .	; 9 S rr 22. /form990.	IO O MB	2015 Open to Public Inspection
Name of the organization OLD TOWN SCHOOL OF FOLK MUSIC	OF FOLK MUSIC						Employer identification number 36-2373635	on number
Part I Genera	Information	General Information on Grants and Assistance	Assistance					
Does the organization critical Describe in Part	zation maintain rei Iteria used to awar : IV the organizati	Does the organization maintain records to substantiate the amo the selection criteria used to award the grants or assistance? . Describe in Part IV the organization's procedures for monitoring	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?		or assistance, the grantees' eligibility for the grants or assistance, and in the United States	or the grants or assist	ance, and	√ Yes
Part III Grants ar that rece	nd Other Assistand	ce to Domestic Organic Stan back of the contract of the contra	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cothat received more than \$5,000 Part II can be duplicated if additional space is needed	itic Governments. Componal space is needed	olete if the organization	answered "Yes" on Fo	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient hat received more than \$5,000 Part II can be duplicated of additional space is needed	, for any recipient
(a) Name and address of organization or government	ress of	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total numb	per of section 501	.(c)(3) and governm	nent organizations list	Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table .				
3 Enter total numb	oer of other organi	Enter total number of other organizations listed in the line 1 table .	e line 1 table.				•	

Schedule I (Form 990) 2015

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Part III

Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	ce (b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	540	0	224,277	IT)	DISCOUNTED TUITION BASED ON DEMONSTRATED NEED
Part IV Supplemental In	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	formation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanation				
Part I, Line 2	AWARDS ARE SOLELY FINANC FO TUITION (NOT CASH)	SIAL AID FOR CLASSES /	AND PRIVATE LESSON	S OFFERED INTERNALLY ANI	AWARDS ARE SOLELY FINANCIAL AID FOR CLASSES AND PRIVATE LESSONS OFFERED INTERNALLY AND ARE IN THE FORM OF DISCOUNTS TO TUITION (NOT CASH)

Schedule I (Form 990) 2015

DLN: 93493265002256

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015 Open to Public Inspection

Name of the organization	
OLD TOWN SCHOOL OF FOLK MI	IST

Employer identification number

36-2373635

Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a				ny of the following to or for a person listed on Form ride any relevant information regarding these items			
	F	irst-class or charter travel	Γ	Housing allowance or residence for personal use			
	Гт	ravel for companions	Γ	Payments for business use of personal residence			
	Гт	ax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		of the boxes in line 1a are checked, did the orgonsement or provision of all of the expenses de			1b		
2		ne organization require substantiation prior to re tors, trustees, officers, including the CEO/Exec		sing or allowing expenses incurred by all prector, regarding the items checked in line 1a?	2		
3	organ	ate which, if any, of the following the filing organ nization's CEO/Executive Director Check all the by a related organization to establish compensa	at appl				
	Γ c	Compensation committee	Γ	Written employment contract			
	Г	ndependent compensation consultant		Compensation survey or study			
	F	orm 990 of other organizations	✓	Approval by the board or compensation committee			
4		ig the year, did any person listed on Form 990, I elated organization	Part VI	I, Section A, line ${f 1}{f a}$ with respect to the filing organization			
а	Recei	ıve a severance payment or change-of-control p	aymen	nt?	4a		No
b	Partic	cipate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		No
c	Partic	cipate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If"Ye	es" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5		ersons listed on Form 990, Part VII, Section A, ensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The o	organization?			5a		Νo
b	Any r	related organization?			5b		Νo
	If"Ye	es," on line 5a or 5b, describe in Part III					
6		ersons listed on Form 990, Part VII, Section A, ensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The o	organization?			6a		Νo
b	Any r	related organization?			6b		No
	If"Ye	es," on line 6a or 6b, describe in Part III					
7		ersons listed on Form 990, Part VII, Section A, ents not described in lines 5 and 6? If "Yes," d		· · · · · · · · · · · · · · · · · · ·	7		No
8				accured pursuant to a contract that was stions section 53 4958-4(a)(3)? If "Yes," describe	8		No
9		es" on line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations	9		140

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual For each individual whose compensation must be reported on Schedule J, report compensation from the organizations, described in the

(A) Name and Title		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC com	C compensation	(c) Retirement and	ple	(E) Total of columns	_
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 James Bau Graves	Ξ	211,296	0	0	0	21,011	232,307	0
	€	0	1 1 1 1 1 1 0 1	1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 0 1 1 1 1 1 1	1 1 1 1 1 1 0
2 Mary Jane Drews Director of Institutional	ε	153,548	0	0	0	9,538	163,086	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

Explanation

Schedule J (Form 990) 2015

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DLN: 93493265002256

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Noncash Contributions

Open to Public Inspection

	ne of the organization TOWN SCHOOL OF FOLK MUSIC				Employer identificat	ion number
OLD	TOWN SCHOOL OF FOLK MOSIC				36-2373635	
Pa	rt I Types of Property					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contrib	etermining
1	Art—Works of art					
2	Art—Historical treasures .					
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household					
_	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property			120 505	DDICE AT DE	CEIRE
9	Securities—Publicly traded .	X	4	138,505	mean PRICE AT RE	CEIPI
10 11	Securities—Closely held stock . Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					
	Qualified conservation contribution—Historic					
14	Structures					
15	contribution—Other Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies .					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
	Other ► (tion Items)	X	8	6,627	fair market value	
EVE	Other►(ENT/FESTIVAL RESHMENTS)	X	7	5,426	Fair market value	
	Other►(IST AGENT FEE)	Х	1	1,000	FAIR market value	
	Other ► ()				<u> </u>	
29	Number of Forms 8283 received for which the organization comple				29	
					ا بیمی این	Yes No
30a	During the year, did the organiza it must hold for at least three ye					
	for exempt purposes for the enti	re holding p	period?			30a No
Ŀ	If "Yes," describe the arrangeme					304 110
31	Does the organization have a gif			eview of any non-standard	contributions?	31 Yes
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell	noncash	32a No
H	If "Yes," describe in Part II					
33		t an amount	in column (c) for a type of	property for which column ((a) is checked,	

Page 2

<u> </u>	•	c u	u	_	141	١	 U	 	7	7	v	<u>, </u>	1	_	<u> </u>	_	_	
	ľ) a	П		ī			S	ì	11	ח	n	ī	e	r	n	16	

nental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

SCHEDULE O Supplement

As Filed Data -

DLN: 93493265002256

OMB No 1545-0047

Open to Public Inspection

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-F7

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

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

Name of the organization OLD TOWN SCHOOL OF FOLK MUSIC

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

36-2373635

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990 EACH MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED A FULL COPY OF THE COMPLETED FORM 990 PRIOR TO FILING THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEWS THE COMPLETED FORM 990 AND RECOMMENDS THAT THE FULL BOARD APPROVE THE FILING OF FORM 990 AS PREPARED FORM 990 IS FILED ONLY AFTER BOARD APPROVAL
Form 990, Part VI, Section B, line 12c	OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD THOSE PERSONS WITH CONFLICTS OF INTEREST ARE NOT ALLOWED TO PARTICIPATE IN DECISIONS ABOUT MATTERS TO WHICH THE CONFLICT IS DIRECTLY OR INDIRECTLY RELEVANT
Form 990, Part VI, Section B, line 15	15A - THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE, SUBJECT TO BOARD A PPROVAL AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS, FOR SETTING COMPENSATION FOR THE EX ECUTIVE DIRECTOR THE BOARD CHAIR AND EXECUTIVE COMMITTEE EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR EACH YEAR PRIOR TO ANY COMPENSATION CHANGES WHEN THE EXECUTIVE DIRECTO R'S COMPENSATION INCREASES MORE THAN FOR INFLATION OR COST OF LIVING, THE EXECUTIVE COMMIT TEE WILL SEEK INFORMATION FROM COMPARABLE ORGANIZATIONS AND / OR ENGAGE AN INDEPENDENT CON SULTANT TO PERFORM A STUDY OF COMPARABLE RATES
Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES, THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION
Form 990, Part IX, line 11g	Concert Performer fees Program service expenses 969,946 Management and general expenses 242,093 Fundraising expenses 0 Total expenses 1,212,039