See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

50

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

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	$ 64,293	22	$ 69,301
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	$ 64,293	25	$ 69,301
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	$ 64,293	27	$ 69,301

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

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

What is the organization's primary exempt purpose? Promoting music through public concerts

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Performed four formal concerts at Lone Tree Arts Center, Lone Tree, Colorado Attendance: 350-450 (Grants $ 22,500) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	$ 31,200
29	Performed ten outdoor concerts in the Denver Area throughout the summer Attendance: 200-1000 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	$ 11,200
30	Show and Tell Band performed 6-8 concerts in elementary schools in the Denver area Attendance: 50-200 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	$ 1,000
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . ▶	32	

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Cheryl Paules President	20	-0-	-0-	-0-
Debbie Hall Vice President	15	-0-	-0-	-0-
Sue Sohnick Secretary	15	-0-	-0-	-0-
Charles Twomey Treasurer	15	-0-	-0-	-0-