Form	99	0	Undersecti	on 501(c), 52	Organiza 27, or 4947(a)	(1) of the I	nternal Reve	nue	Code (exce	ept pri	vate fc1	ions)	2	1545 0	7
	nent of the Revenue S				social securi <i>v.ir</i> s.gov/Form	-								specti	
_			ar year, or tax ye				/01, 2017,					06/	30, 20	18	
		C Name	of organization							D	Employer ider			r	
B Chee	k if applicab	COM	MUNITY MUS	SIC SCHO	OL INC.						58-209	8168			
	Address change		business as												
	Name chang	ge Numb	er and street (or P	.O. box if mail is	s not delivered to	street addre	ess)	Roor	m/suite	E	E Telephone number				
	Initial return 618 TUCKER STREET () -														
	Final return terminated		r town, state or pro		and ZIP or forei	gn postal co	de							001	0.2.6
	Amended RALEIGH, NC 27603 GGround Replication F Name and address of principal officer: CAROL HOLLAND H(a) Is												Protection of the local division of the loca		236.
	Application pending		and address of pr				ID				a) Is this a grou subordinates	?		-	X No
			IE AS C ABO							- H(b) Are all subord		uded?	Yes	No
	ax-exemp		X 501(c)(3)	501(c) () ┥ (ins	sert no.)	4947(a)(1)	or	527					icuons)	
		► N/A	Y .		1. 1	0.1			I. Vees of fe		c) Group exem : 1994 M		-	nicile:	NC
		ganization:	X Corporation	Trust	Association	Other			L rear of for	mation	. 1994 W	State 0	i legal doll	IICIIE.	
Par		Summary	be the organizati	and a selection	an mont simplifi	eest eethuiti	COMMU	NTT	Y MUST	SC	HOOL OF	RAL	EIGH		
	1 Bri	efly descri	LY ENRICH	ON'S MISSION		CHTLDR	EN FROM	LOW	-INCOM	E FA	MILIES				
nce			AFFORDABL												~
Governance	-	eck this bo			discontinued	and the second se			more than	25% of	its net asset	S.			
NO			ting members of									3			13.
			dependent voting	-								4			13.
ies			of individuals er									5			4.
Activities &			of volunteers (es									6			55.
Act			ed business rever									7a			0.
			business taxab									7b			
-	DITC	an clates									Prior Year		Curr	ent Ye	ar
	8 Co	ontributions	and grants (Par	t VIII, line 1h)					[250,6	37.			827.
Revenue			ice revenue (Par								3,9			3,	,760.
eve			ncome (Part VIII,									08.			637.
		her revenu	e (Part VIII, colu	umn (A), lines	5, 6d, 8c, 9c,	10c, and 11	e)				16,6			-	,653.
	12 To	tal revenu	e - add lines 8 th	rough 11 (mu	ust equal Part	VIII, column	(A), line 12)				271,3		208,877		
	13 Gr	rants and s	imilar amounts p	aid (Part IX, c	olumn (A), line	es 1-3)						0.			0.
			I to or for membe						· · · ·		<u> </u>	0.		10	0.
s			er compensation								64,9			49	,630.
Expenses			fundraising fees									0.			0.
xpe			sing expenses (F								138,4	01		130	,190.
"			ses (Part IX, colu								203,4				,820.
			es. Add lines 13								67,9				,057.
	19 R	evenue les	s expenses. Sub	tract line 18 fr	rom line 12					Beginni	ing of Current		End	l of Yea	-
et Assets or Ind Balances									-		133,6				,012.
Sse			(Part X, line 16)									59.			,977.
etA			es (Part X, line 26 or fund balances.								123,9				,035.
Pure Pure	rt II	Signatu		. Subtract line				· · ·					5		
			. I dealars that I	have examined	this return, inc	luding acco	mpanying sche	dules	and stateme	ents, an	d to the best	of my l	knowledge	and b	elief, it is
true	, correct,	, and comple	te. Declaration of p	oreparer (other t	than officer) is bi	ased on all in	nformation of w	hich	preparer has	any kno	owledge.	-		~	
			iand	LAt	Alan		-				1	2	4/20	018	
Sig		Signat	ure of officer		0		0		1		Date		1		
He	re		Tress	dent.	Board	- of	Fre	i	1222						
		Туре с	r print name and tit	ile (-							
		Print/Type p	reparer's name		Preparer's	signature	11	1	Pate	1.2	Check		PTIN		
Paic	V	WM. JAN			Um:	Am	is plu	h	A 11/9	118	self-empl			1752	33
		Firm's name			LERY & RC	11		,	0		Firm's EIN	56-1	175012	24	
		Firm's addre	ss >3605 GLENW	OOD AVENUE,	SUITE 350 R	ABEIGH, N	C 27612				Phone no.	919-	-787-8		
	-		s this return wi	The second s	the second s		e instruction	ns).						Yes	No
For	Paperv	vork Redu	ction Act Notice	, see the sep	arate instructi	ons.							Fo	orm 99	0 (2017)

CLIENT COPY

	COMMUNIT	Y MUSIC SCHOOL INC.	58-209	8168
For	n 990 (2017)			Page 2
P	rt III Statement of Program Service Ac	complishments		
		poppo or poto to ony line in this Dett I		
	Dieck il Schedule O contains a res	sponse or note to any line in this Part I		
1	Briefly describe the organization's mission:			
	COMMUNITY MUSIC SCHOOL OF RALE			
	CHILDREN FROM LOW-INCOME FAMIL	LIES THROUGH AFFORDABLE,	HIGH QUALITY	
	MUSIC EDUCATION.			
2	Did the organization undertake any significa	ant program services during the year	which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Scho		· · · · · · · · · · · · · · · · · · ·	Yes X No
3	Did the organization cease conducting, or services?	or make significant changes in ho	w it conducts, any program	Yes X No
	If "Yes," describe these changes on Schedule	e O.		1
4	Describe the organization's program servic expenses. Section $501(c)(3)$ and $501(c)(4)$ the total expenses, and revenue, if any, for each	organizations are required to report	three largest program services, t the amount of grants and allo	as measured by cations to others,
4a	(Code:) (Expenses \$ CONDUCTED PRIVATE MUSIC LESSO	,624. including grants of \$ NS FOR 100 AT-RISK YOUTH) (Revenue \$ FROM	3,893.)
	PROFESSIONAL MUSICIANS. PROVI	DED MUSICAL INSTRUMENTS H	FOR STUDENTS'	
	USE. GAVE STUDENTS THE OPPORT	UNITY TO PERFORM PUBLICLY	IN SCHOOL	
		COST OPPORTUNITIES TO AT		
	PRODUCED BY MUSIC ORGANIZATION			
	X			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			(
	······			
4d	Other program services (Describe in Schedu			
	(Expenses \$ including grant		\$)	
4e	Total program service expenses 🕨	132,624.		
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	05562U M285 11/7/2018 12:4	41:01 PM		

58-2098168

Form	990	(2017)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.		iles.	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		·	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines 1c and 822 if "Ves." complete Schedule C. Part II			
19	Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II	18	X	
13	If "Yes " complete Schedule G. Part III.			v
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2017)

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58-2098168

-	0 (2017)		P	age 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
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		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	¥		
	employees? If "Yes," complete Schedule J	23		Х
24 a	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	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part N	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
•	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I.	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
33	complete Schedule N, Part II	32		-
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2017)

JSA

Form 990 (2017)

COMMUNITY	MUSIC	SCHOOL	INC.

Form 990 (2017)

Page 5

	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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. 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	100 P. 100 P.	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		A MERINA A
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)			126248
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	0.000	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	0.000	34.1.34C
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which	1.1		
-	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		^
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Form 9	90 (2017) COMMUNITY MUSIC SCHOOL INC. 58-209	8168	F	Page 6
Part		and	for a	"No"
	response to line oa, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struct	tions.
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	ion A. Governing Body and Management			
		a transition	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13 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			
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	14		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		x
	one or more members of the governing body?	7a		~
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	Х	Chever of the Area (and and and and and and and and and and
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
100	Did the organization have local chanters branches or efficience	10a	103	X
	Did the organization have local chapters, branches, or affiliates?	IVa		
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10	х	
10	describe in Schedule O how this was done	12c	Λ	x
13	Did the organization have a written whistleblower policy?	14		X
14 15	Did the organization have a written document retention and destruction policy? 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?			•
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				v
	with a taxable entity during the year?	16a		X
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		Pressente.
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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 in	terest	polic	y, and
20	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 record			
20	State the name, address, and telephone number of the person who possesses the organization's books and record STEPHANIE DE JONG 618 TUCKER ST. RALEIGH, NC 27601 919-832-0900	10.		
JSA 7E1042	2 1.000	Form	990	(2017)

Form 990 (20	117)	COMM	UNITY MU	SIC SCHOO	DL IN	IC.			58-20	98168	Page 7
Part VII	Compensation	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Co	nsated	Employees,	
	Independent Conur	actors									
	Check if Schedule O	contains a r	esponse or n	ote to any lin	e in thi	s Part VII		Highest Consated Employees, and			
Section A.											
de Osmala	An Able Arthur for all		icers, Directors, Trustees, Key Employees, Highest Co, insated Employees, and								

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

· List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unles	Pos neck ss pe	erson	e than c is both or/trust employee	an	(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
(1)KELLY COBB	1.00									
DIRECTOR	0.	X						0.	0.	0.
(2)MARTHA HAYS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(3)CINDY MCENERY	1.00									
DIRECTOR	0.	X						0.	0.	0.
(4) INEZ BREWINGTON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5)GINNY ZEHR	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6)BONNER JONES	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) STEVE MCLAURIN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) PAUL ROGERS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9)STEPHEN M. SHERIFF	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)CARL TYER	1.00									
VICE PRESIDENT	0.	1		X				0.	0.	0.
(11)CAROL HOLLAND	1.00									
PRESIDENT	0.	1		X				0.	0.	0.
(12) DARE O'CONNOR	1.00									3
TREASURER	0.			X				0.	0.	0.
(13)ROSE KENYON	1.00									
SECRETARY	0.	1		X				0.	. 0.	0.
(14)										

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58-2098168

rt VII Section A. Officers, Directors, Tro (A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for	burs per (do not check more that k (list any box, unless person is bo						Reportable compensation from	Reportable compensation related	from	Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organizations
										7	
						-					
									4		
	<u> </u>										
Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .						* * *	0. 0. 0.		0. 0. 0.	
Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose 0	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of		
Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gr	ule J for suc sum of rep	ch ind portab	ividi	ual com	 per	satio	 n ai	nd other compension	sation from th	ne	Yes 3
Did any person listed on line 1a receive or											4
for services rendered to the organization? If "Y ction B. Independent Contractors	es," comple	te Sch	nedu	ile J	l for	such	per	son			5
Complete this table for your five highest com compensation from the organization. Report of year.	npensated i compensati	ndepe on for	ende the	ent e ca	con lenc	tracto lar ye	ar e	hat received more ending with or with	e than \$100,0 nin the organi	00 of zation	f I's tax
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompensation
			e.								

-	rm 990 (2017) COMMUNITY MU		MUSIC SCHOOI	L INC.	58-2098168 Page 9		
Par	t VIII						
		Check if Schedule O contains a respo	nse or note to any	(Iine in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f. 5 Total. Add lines 1a-1f .		164,827.			
onu			Business Code				
Program Service Revenue	2a b c d	TUITION	611600	3,760.	3,760.		
ogra	f	All other program service revenue					
Å	g	Total. Add lines 2a-2f		3,760.			
	3 4 5	Investment income (including divider and other similar amounts). ATTACHMEN' Income from investment of tax-exempt bonc Royalties	Г.1►	637. 0. 0.			637.
	6a b c d 7a	Gross rents	(ii) Other	0.			
nue	b c d 8a	Less: cost or other basis and sales expenses Gain or (loss)	· · · · · · · •	0.			
Other Revenue	b c	of contributions reported on line 1c). See Part IV, line 18	12,359.	39,520.			
	9a b	Gross income from gaming activities. See Part IV, line 19					
	C	Net income or (loss) from gaming activities	· · · · · · · •	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold		0.			
		Miscellaneous Revenue	Business Code				
	11a b	MISCELLANEOUS REVENUES	900099	133.	133.		
	d	All other revenue					-
	e	Total. Add lines 11a-11d		133.			
JSA	12	Total revenue. See instructions		208,877.	3,893.		637.

oon		
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orm 990 (20	017)

58-2098168 Page 10

	tion 501(c)(3) and 501(c)(4) organizations mus		All other organization		
000	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,		(B)	(C)	· · · · · · · · · []
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			Э.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	46,103.	39,724.	1,413.	4,966.
	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	3,527.	3,039.	108.	380.
11	Fees for services (non-employees):				
a	Management	0.			
	Legal	0.			
c	Accounting	5,600.		5,600.	
C	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
9	Other. (If line 11g amount exceeds 10% of line 25, column		1.000 000 0		
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	75,529.	47,390.	19,146.	8,993.
12	Advertising and promotion	10.	10.		
13	Office expenses	9,556.	1,176.	3,970.	4,410.
14	Information technology	169.	144.	25.	
15	Royalties	0.	10.000		
	Occupancy	17,400.	13,920.	1,740.	1,740.
17	Travel	561.	5.	37.	519.
18					
	for any federal, state, or local public officials	0.	0.5		
19	Conferences, conventions, and meetings	25.	25.		
20	Interest	0.			
21	Payments to affiliates		10 074	210	
22	Depreciation, depletion, and amortization	11,192.	10,874.	318.	204
23		3,414.	2,275.	755.	384.
24					
	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.)				
	MUSIC/SUPPLIES/PROGRAMS	2,811.	2,811.		
	INSTRUMENTS MAINTENANCE	2,562.	2,562.		
	INSTRUMENT DONATIONS NON-CAP	3,650.	3,650.		
	SCHOLARSHIPS	4,790.	4,790.		
	All other expenses	1,921.	229.	1,429.	263.
	Total functional expenses. Add lines 1 through 24e	188,820.	132,624.	34,541.	21,655
	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)	0.	100,001.		21,003.
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Form 990 (2017)

Page 11	age	1	1	
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rt X				Page 11
	Check if Schedule O contains a response or note to any line in this P	art X.		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	100,730.	1	128,158
2	Savings and temporary cash investments	0.		0
3	Pledges and grants receivable, net	3,302.		2,889
4	Accounts receivable, net	515.		167
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	0
6	Complete Part II of Schedule L 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			A.
-	organizations (see instructions). Complete Part II of Schedule L	0.		0
7	Notes and loans receivable, net	0.	+ · · · ·	0
8	Inventories for sale or use	0.	0	0
9	Prepaid expenses and deferred charges	υ.	9	0
IUa	Land, buildings, and equipment: cost or			
h	other basis. Complete Part VI of Schedule D10a104, 398.Less: accumulated depreciation.10b84, 600.	29,090.		10 700
11				19,798
12	Investments - publicly traded securities	0.	11	0
13	Investments - other securities. See Part IV, line 11	0.	12	0
14	Investments - program-related. See Part IV, line 11	0.	13	0
15	Intangible assets		14	0
16	Other assets. See Part IV, line 11	133,637.	15	151,012
17	Total assets. Add lines 1 through 15 (must equal line 34)			4,245
18	Accounts payable and accrued expenses		18	4,245
19			19	0
20	Deferred revenue		20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
22	Loans and other payables to current and former officers, directors,		21	•
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third		24	
1.12	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	4,603.	25	2,732
26	Total liabilities. Add lines 17 through 25.	9,659.		6,977
~	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
27		119,435.	27	132,029
28	remporarily restricted net assets	4,543.		12,006
29	Permanently restricted net assets	0.	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	123,978		144,035
34	Total liabilities and net assets/fund balances	133,637	. 34	151,012

Form 990 (2017)

Form 0	90 (2017)	28	-2098	108				
Part		1			Pa	age 12		
rait								
	Check if Schedule O contains a response or note to any line in this Part XI			• •		877.		
1	Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX column (A) line 25) 2							
2	Total expenses (must equal Part IX, column (A), line 25) 2							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments	5				0.		
6	Donated services and use of facilities	6				0.		
7		7				0.		
8	Prior period adjustments	8				0.		
9 10	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
Part	33, column (B))	10		1	44,	035.		
Fait								
	Check if Schedule O contains a response or note to any line in this Part XII			• • •				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Г	1	Yes	No		
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e							
	Schedule O.	xpiair	n In					
20						v		
24	Were the organization's financial statements compiled or reviewed by an independent accountant?.	• • •		<u>2a</u>	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	piled	or					
h				O.L.	x			
D	Were the organization's financial statements audited by an independent accountant?	• • •	•••	2b	Δ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ted o	na					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	overs	ight	2c	x			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20				
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiair	n in					
30						91/839/19		
58	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	torth	n in	3a				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		+ho	Ja				
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	the	3b				
					990	(2017)		
						(-0)		

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Comprete 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

5

OMB No. 1545-0047

	ame of the organization Employer identification number								
COI	OMMUNITY MUSIC SCHOOL INC. 58-2098168								
Pa		Reason for Public Cha							
The	org	anization is not a private four							
1		A church, convention of chu							
2		A school described in section							
3	-	A hospital or a cooperative							
4		A medical research organiz		conjunction with a hos	pital des	scribed in se	ction 170(b)(1)(A)	(iii). Enter the	
-		hospital's name, city, and st							
5		An organization operated f		a college or universit	y owned	or operate	ed by a governme	ntal unit described in	
•		section 170(b)(1)(A)(iv). (C							
6 7	X	A federal, state, or local go							
'	Δ	An organization that norma described in section 170(b)			pport fro	om a goveri	nmental unit or fro	om the general public	
8		A community trust describe			Dort II.)				
9	-	An agricultural research org				poratod in		and grant college	
Ŭ		or university or a non-land-	grant college of an	riculture (see instruct	ions) Fr	ter the nam	e city and state of	the college or	
		university:	grant conego er ag		юпо). Ег	iter the nam	ie, ony, and state of	the college of	
10 11		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio An organization organized a	n after June 30, 19	nrelated business taxa 975. See section 509 (able inco (a)(2). (C	ome (less se Complete Pa	ection 511 tax) from rt III.)	nip fees, and gross n 331/3 % of its businesses	
12		An organization organized a			-			arry out the purposes	
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or se	ction 509(a)(2). S	ee section 509(a)(3).	
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of su	porting	organizatio	on and complete lin	nes 12e, 12f, and 12g.	
a		Type I. A supporting orga	anization operated	, supervised, or control	olled by	its supporte	ed organization(s),	typically by giving	
		the supported organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of the	e directors or truste	es of the	
	_	supporting organization. Y	ou must complet	e Part IV, Sections A	and B.				
b		Type II. A supporting org							
		control or management o			the sam	e persons th	nat control or man	age the supported	
		organization(s). You must							
C	L	_ Type III functionally integ						ly integrated with,	
	Г	its supported organization							
d	L	Type III non-functionally							
		that is not functionally inte requirement (see instruct						an attentiveness	
e	Г	Check this box if the orga							
		functionally integrated, or						i, iype iii	
f	En	ter the number of supported	organizations	· · · · · · · · · · · · · · · · · ·		· · · · · · ·			
g	Pr	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization			Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				. "	Yes	No	,		
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								

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

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ)

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	164,394.	165,274.	181,769.	250,637.	164,827.	926,901.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge) I	0.
4	Total. Add lines 1 through 3	164,394.	165,274.	181,769.	250,637.	164,827.	926,901.
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						
6	shown on line 11, column (f)						5,649.
	Public support. Subtract line 5 from line 4 tion B. Total Support						921,252.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	164,394.	165,274.	181,769.	250,637.	164,827.	926,901.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1017707	108.	637.	745.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						927,646.
12	Gross receipts from related activities, etc. (se	ee instructions) .			l	12	90,251.
13	First five years. If the Form 990 is for organization, check this box and stop here.			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2017 (lin					14	99.31%
15	Public support percentage from 2016 S						99.79 %
16a	331/3% support test - 2017. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2016. If the orga						
17.	this box and stop here. The organizatio						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	meets the "fac	cts-and-circumsta	ances" test, che	eck this box ar	d stop here. E	xplain in
	Part VI how the organization meets the						
h	organization						
D	15 is 10% or more, and if the organization Explain in Part VI how the organization	nization meets	the "facts-and	-circumstances"	test, check th	his box and sto	op here.
18	supported organization						►
	instructions						

Schedule A (Form 990 or 990-EZ) 2017

COMMUNITY MUSIC S	SCHOOL	INC.
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A (Form 990 or 990-EZ)						Pa
(Complete only if you check	ed the box or	line 10 of Par	t I or if the org	anization faile omplete Part I	d to qualify une	der Part II.
A. Public Support						
year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
s, grants, contributions, and membership fees						
eived. (Do not include any "unusual grants.")						
ss receipts from admissions, merchandise						
or services performed, or facilities						
ished in any activity that is related to the						
anization's tax-exempt purpose						
ss receipts from activities that are not an						
elated trade or business under section 513 .						
revenues levied for the						
	Support Scheule for Organ (Complete only if you check If the organization fails to qua A. Public Support year (or fiscal year beginning in) ► s, grants, contributions, and membership fees eived. (Do not include any "unusual grants.") as receipts from admissions, merchandise or services performed, or facilities ished in any activity that is related to the anization's tax-exempt purpose as receipts from activities that are not an elated trade or business under section 513 .	Support Schedule for Organizations Des (Complete only if you checked the box or If the organization fails to qualify under the A. Public Support year (or fiscal year beginning in) ► (a) 2013 s, grants, contributions, and membership fees eived. (Do not include any "unusual grants.") ss receipts from admissions, merchandise or services performed, or facilities ished in any activity that is related to the anization's tax-exempt purpose ss receipts from activities that are not an elated trade or business under section 513 .	Support Schedule for Organizations Described in Sec (Complete only if you checked the box on line 10 of Par If the organization fails to qualify under the tests listed be A. Public Support year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 s, grants, contributions, and membership fees eived. (Do not include any "unusual grants.") ss receipts from admissions, merchandise or services performed, or facilities ished in any activity that is related to the anization's tax-exempt purpose ss receipts from activities that are not an elated trade or business under section 513 .	Support Scheule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the org If the organization fails to qualify under the tests listed below, please c A. Public Support year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 s, grants, contributions, and membership fees eived. (Do not include any "unusual grants.") ss receipts from admissions, merchandise or services performed, or facilities ished in any activity that is related to the anization's tax-exempt purpose ss receipts from activities that are not an elated trade or business under section 513 .	Support Scheaule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed if the organization fails to qualify under the tests listed below, please complete Part I A. Public Support year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 s, grants, contributions, and membership fees sived. (Do not include any "unusual grants.") sixed sixed sixed sixed to the anization's tax-exempt purpose ss receipts from activities that are not an elated trade or business under section 513 . sixed. sixed. sixed. sixed.	Support Scheaule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II.) A. Public Support year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 s, grants, contributions, and membership fees sived. (Do not include any "unusual grants.") sixed sixed sixed sixed to the anization's tax-exempt purpose six receipts from activities that are not an elated trade or business under section 513 . sixed in any activities that are not an sixed in any activities that are not an

	unrelated trade of business under section 513.					
ŧ	Tax revenues levied for the					
	organization's benefit and either paid to					
	or expended on its behalf					
5	The value of services or facilities					
	furnished by a governmental unit to the					
	organization without charge			1		
5	Total. Add lines 1 through 5					
a	Amounts included on lines 1, 2, and 3					
	received from disqualified persons					
b	Amounts included on lines 2 and 3					
	received from other than disqualified persons that exceed the greater of \$5,000	<i>y</i>			5	
	or 1% of the amount on line 13 for the year					
c	Add lines 7a and 7b					
3	Public support. (Subtract line 7c from					

	line	6.)									
Sect	tion	B.	Т	0	ta	S	ur	00	0	rt	

5

6 7a

8

Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2017 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2016 Sche						%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2017 (li	ne 10c, column (f) divided by line 1	13, column (f))		17	%
18	Investment income percentage from 2016						%
19a	331/3% support tests - 2017. If the or						and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
JSA 7E122	1 1.000	2:41:01 PM				Schedule A (Form	

Page 4

Partiv	Supporting Organizations
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)
Section A.	All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.*
- **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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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 by or in connection with its supported organizations.
- **c** 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) 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.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2017

10a

10b

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	COMMUNITY MUSIC SCHOOL INC. 58-209	8168		
Schedu Part	IV Supporting Organizations (continued)			Page 5
T al t	Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Yes	No
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 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		
Secti	on 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.			
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		
Secti	on 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		
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	103	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	-
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.
b	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

- 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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? *Provide details in Part VI.*
- b 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

2a

2b

3a

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COMMUNITY MUSIC SCHOOL INC.		58-	2098168
Schedule A (Form 990 or 990-EZ)			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	2	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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		3
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a 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):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	· · · · ·	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	5. 	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

	COMMUNITY MUSIC SCHO	DOL INC.	58	8-2098168
	le A (Form 990 or 990-EZ)			Page
Part		Supporting Organizat	ions (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	· · · · · · · · · · · · · · · · · · ·	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			7
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017		1	
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
I	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			second second second
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b				
C				
d	Excess from 2016			
e	Excess from 2017			
-			0.1.1.1	A (Form 000 or 000 EZ) 20

Schedule A (Form 990 or 990-EZ) 2017

Contraction of the local division of the loc	(Form 990 or 990-EZ)
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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

COMMUNITY MUSIC SCHOOL INC.

Organization type (check one):

58-2098168

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or F) (2017)	Page 2
Name of organization COMMUNITY MUSIC SCHOOL INC.	Employer identification number 58-2098168

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (C) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 1 CITY OF RALEIGH ARTS COMMISSION Х Person Payroll 44,571. P.O. BOX 590 \$ Noncash (Complete Part II for RALEIGH, NC 27602 noncash contributions.) (d) (b) (C) (a)**Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 UNITED ARTS COUNCIL X Person Payroll 410 GLENWOOD AVE, STE 170 10,680. \$ Noncash (Complete Part II for RALEIGH, NC 27603 noncash contributions.) (d) (C) (b) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 CONTRIBUTIONS<\$5,000 Х 3 Person Payroll P.O. BOX 2545 79,757. \$ Noncash (Complete Part II for RALEIGH, NC 27602 noncash contributions.) (d) (C) (a) (b) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 4 JOHN W. POPE FOUNDATION Х Person Payroll 5,000. 4601 SIX FORKS ROAD, SUITE 300 \$ Noncash (Complete Part II for RALEIGH, NC 27615 noncash contributions.) (b) (C) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 5 MARY DUKE BIDDLE FOUNDATION Х Person Payroll 318 BLACKWELL STREET, SUITE 130 5,000. \$ Noncash (Complete Part II for DURHAM, NC 27701 noncash contributions.) (C) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 DAVID L. MARZETTI TRUST FUND 6 Х Person Payroll 5,000. 609 SEA OATS COURT \$ Noncash (Complete Part II for COROLLA, NC 27927 noncash contributions.)

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Schedule B (Form 990, 990-EZ, ol)F) (2017)	Page 2
Name of organization COMMUNITY MUSIC SCHOOL INC.	Employer identification number 58-2098168

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	THE SHORE FUND 2315 CHURCHILL ROAD RALEIGH, NC 27608	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	JUNIOR LEAGUE OF RALEIGH P.O. BOX 26821 RALEIGH, NC 27611	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B (Form 990, 99	0-EZ, o PF) (20	017)			Page 3
Name of organization	COMMUNITY	MUSIC	SCHOOL	INC.	Employer identification number
					58-2098168

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) \$_ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) . \$ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) \$ (a) No. (C) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) \$_

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501 (c) (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) I the following line entry. For organizations completing Part III, enter the total of exclusively religious, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$	Page 4 tion number 8		
from Part I (b) Purpose of gift (c) Use of gift (d) Description of ho)(7), (8), or through (e) and		
Image: Construction of the second	w gift is held		
Image: Construction of the second			
Part I Control Control	feree		
Transferee's name, address, and ZIP + 4 Relationship of transferor to trans	w gift is held		
from Part I (b) Purpose of gift (c) Use of gift (d) Description of ho	feree		
from Part I (b) Purpose of gift (c) Use of gift (d) Description of ho			
	w gift is held		
Transferee's name, address, and ZIP + 4 Relationship of transferor to trans	sfer of gift		
	feree		
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of he	ow gift is held		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4 Relationship of transferor to trans	sferee		

	HEDULE D rm 990)	Supplem	ental Financial Statements	OMB No. 1545-0047
	,	Complete if	the organization answered "Yes" on Form 990,	ର୍ଲ 1 7
-		Part IV, line 6, 7	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ► Attach to Form 990.	120.
	rtment of the Treasury nal Revenue Service	► Go to www.irs.gov	Form990 for instructions and the latest inform	Open to Public Inspection
	e of the organization			Employer identification number
CON	MUNITY MUSIC	SCHOOL INC.		58-2098168
Ра	rt I Organizat	tions Maintaining Donor Adv	sed Funds or Other Similar Funds or	Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		<u>ì</u>
5	Did the organizati	on inform all donors and donor	advisors in writing that the assets held i	n donor advised
	funds are the orga	nization's property, subject to the	organization's exclusive legal control?	Yes No
6	Did the organization	on inform all grantees, donors, a	and donor advisors in writing that grant fur	nds can be used
	only for charitable	purposes and not for the bene	fit of the donor or donor advisor, or for an	ny other purpose
Do	rt II Conservation	issible private benefit?		Yes No
Pa		tion Easements.	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).	
		n of land for public use (e.g., reci		f a bistoria llu important land
		of natural habitat		of a historically important land area of a certified historic structure
		n of open space		a certified historic structure
2			ald a qualified conservation contribution in t	the form of a conservation
	easement on the la	ast day of the tax year.		Held at the End of the Tax Year
а				2a
b	Total acreage rest	ricted by conservation easements	• • • • • • • • • • • • • • • • • • • •	2b
c	Number of conserv	vation easements on a certified	historic structure included in (a)	20
d) acquired after 7/25/06, and not on a	
				2d
3			sferred, released, extinguished, or termina	ated by the organization during the
	tax year 🕨			
4			rvation easement is located >	
5	Does the organization	ation have a written policy reg	arding the periodic monitoring, inspection	on, handling of
	violations, and enfo	orcement of the conservation eas	sements it holds?	Yes No
6			ting, handling of violations, and enforcing cons	ervation easements during the year
_	•			
7			ing, handling of violations, and enforcing co	nservation easements during the year
8				
0	and section 170(b)	(A)(B)(ii)2	(d) above satisfy the requirements of sectio	in 170(h)(4)(B)(i)
9	In Part XIII descril	be how the organization reports	conservation easements in its revenue and	
	balance sheet, and	d include, if applicable, the text of	f the footnote to the organization's financia	al statements that describes the
		ounting for conservation easeme		
Pa	rt III Organizat	tions Maintaining Collections	of Art, Historical Treasures, or Other	Similar Assets.
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization	elected, as permitted under SF	AS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ potnote to its financial statements that desc	evenue statement and balance sheet
	works of art, histo public service, prov	orical treasures, or other simila	ar assets held for public exhibition, educ	ation, or research in furtherance of
b	If the organization	elected, as permitted under s	SFAS 116 (ASC 958), to report in its re	venue statement and belance about
	works of art, histo	orical treasures, or other simila	r assets held for public exhibition, educ	ation, or research in furtherance of
	public service, prov	vide the following amounts relati	ng to these items:	
			• • • • • • • • • • • • • • • • • • • •	
2	IT the organization	n received or held works of a	t, historical treasures, or other similar a	ssets for financial gain, provide the
-	Revenue included	required to be reported under S	FAS 116 (ASC 958) relating to these items	
a b	Assets included in	Form 990 Part X	••••••••••••••••••••••••••••••	· · · · · · · • • •
	Paperwork Reduction	Act Notice, see the Instructions for	Form 990.	
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	COMMUNI	TY MUSIC	SCHOOL	INC.			5	8-209	8168	
Schee	lule D (Form 990) 2017									Page 2
Par	t III Organizations maintaining Co	llections of	f Art, Hist	orical T	reasure	es, or Ot	her Similar	Asset	s (continu	ed)
3	Using the organization's acquisition, acc	cession, and	other recor	ds, check	any of	the follow	ving that are	a signi	ficant use	of its
	collection items (check all that apply):						-			
a	Public exhibition		d	Loan	or excha	nge progra	ms			
b	Scholarly research		e	Other		0 1 0				
С	Preservation for future generations									
4	Provide a description of the organizatio		s and expla	in how t	hev furt	her the or	anization's a	avamnt	nurnoso in	Part
	XIII.				ney run		gamzations e	svempt	pulpose ill	rait
5	During the year, did the organization solid	t or receive	donations o	fart histo	orical tre		other similar			
•	assets to be sold to raise funds rather tha	n to be maint	ained as na	rt of the c		tion's collo	otion?		Yes	
Par	t IV Escrow and Custodial Arrange		anieu as pa		nyaniza			••	res	No
·	Complete if the organization ar 990, Part X, line 21.		s" on Forn	n 990, Pa	art IV, li	ne 9, or re	eported an a	mount	on Form	
1a	Is the organization an agent, trustee, cus									
	included on Form 990, Part X?							Г	Yes	No
b	If "Yes," explain the arrangement in Part	XIII and com	plete the fol	lowing tab	ole:					
	-			U	Γ		Amo	ount		
С	Beginning balance					10				
d	Additions during the year						1			
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount of	n Form 990.	Part X. line	21. for e	scrow o		account liabili	itv?	Yes	No
	If "Yes," explain the arrangement in Part									
Par					1140 000	provided	on any any any a			
	Complete if the organization ar	swered "Ye	s" on Form	990. Pa	art IV. li	ne 10.				
		Current year	(b) Prio			years back	(d) Three years	sback	(e) Four years	hack
4		,		. ,	(0) 110	youro buon	(4) 11100 your	- Duon	(c) i oui yours	back
1a	Beginning of year balance	a de la companya de l								
	Contributions							+		
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current year	end balance	e (line 1g,	column	(a)) held as	3:			
a	Board designated or quasi-endowment		_%							
b		%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c			t de la com						
3a	Are there endowment funds not in the po	ssession of t	he organiza	ation that	are held	and admi	nistered for the	е		
	organization by:								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related org					?			3b	
4	Describe in Part XIII the intended uses o		ation's endo	wment fur	nds.					
Par	t VI Land, Buildings, and Equipmer Complete if the organization a	nt. nswered "V	as" on For	m 000 P	Part IV	lino 110 S	Soo Form 00	D Dort	V line 10	
-	Description of property		or other basis	(b) Cost of			cumulated		Book value	
		(inve	stment)		ther)		reciation	(4)		
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment			1	101,62		82,788.			838.
e	Other				2,77		1,812.			960.
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal For	m 990, Part	X, columi	n (B), lin	e 10c.)	►		19,	798.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Page J	P	ag	e	3
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	(a) Description of security or category	(b) Book value), Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
I) Financia	al derivatives		
	held equity interests		
3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(E)			
(G)			i .
(H)			
. /	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII	Investments - Program Related.		
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.	d "Ves" on Form 990	Part IV line 11d See Form 990 Part V line 15
(9) otal. (Column Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990 escription), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Column Part IX (1)	Other Assets. Complete if the organization answere		
(9) Dtal. (Column Part IX (1) (2)	Other Assets. Complete if the organization answere		
(9) Datal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answere		
(9) patal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(9) Datal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(9) tal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere		
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere		
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) Do	escription	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered (a) De (a) De (b) must equal Form 990, Part X, col. (B)	escription	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered (a) De (b) must equal Form 990, Part X, col. (B) Other Liabilities.	escription	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the organization answered (a) Do (b) <i>must equal Form 990, Part X, col. (B)</i> Other Liabilities. Complete if the organization answere	escription	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the organization answered (a) Do (b) <i>must equal Form 990, Part X, col. (B)</i> Other Liabilities. Complete if the organization answere line 25.	escription <i>line 15.)</i>	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) PAYR(Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder	Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) PAYR(Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value (b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) PAYR((3) DEPO	Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value (b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) PAYR((3) DEPO (4)	Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value (b) Book value
(9) Datal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colu Part X (1) Feder (2) PAYR((3) DEPO: (4) (5)	Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value (b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) PAYR((3) DEPO((4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value (b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Feder (2) PAYR((3) DEPO: (4) (5) (6) (7) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) December 2015 (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE	escription <i>line 15.)</i> d "Yes" on Form 990 (b) Book valu	(b) Book value (b) Book value
(9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum (2) PAYR((3) DEPO (4) (5) (6) (7) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answered (a) De (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes OLL TAXES PAYABLE SITS	escription line 15.) d "Yes" on Form 990 (b) Book valu 1, 1, 1, 2,	(b) Book value (b) Book value

COMMUNITY	MUSIC	SCHOOL	INC.

Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
			240,251.
1	Total revenue, gains, and other support per audited financial statements	1	240,251.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b		
b			
C	Recoveries of prior year grants 2c Other (Describe in Part XIII) 2d		
d		0.0	31,374.
e	Add lines 2a through 2d	2e	208,877.
3	Subtract line 2e from line 1	3	200,011.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		208,877.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		200,011.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	220,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	31,374.
3	Subtract line 2e from line 1	3	188,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	188,820.
	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b, and Part XI, lines 2d and 4b, and and 2b; Part XI, lines 2d and 4b, and and 2b; Part XI, lines 2d and 4b, and and 2b; Part XI, lines 2d and 4b, and	art V, line	4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	BELOW		
PART	XI, #2D - COST OF FUNDRAISING EVENTS		
	ATY WEB CODI OF FONDATION EVENTS		
PART	XII, #2D - COST OF FUNDRAISING EVENTS		
-			

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COMMUNITY MUSIC SCHOOL INC. nformation (continued)

CHEDULE G		ntal Information I			-		OMB No. 1545-004
Form 990 or 990-EZ)	Complete if	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or organization entered more than \$15,000 on Form 990-EZ, line 6a.					2017
epartment of the Treasury		 Attack Go to www.irs. 	to Form 990				Open to Public
ame of the organization		Go to www.irs.	900/F0111990	for the lates	st instructions.	Employer identificat	Inspection
COMMUNITY MUSIC	SCHOOL INC.					58-2098168	
Part I Fundrais	ing Activities. Cor	mplete if the orga	anization a	answered	"Yes" on Form	990, Part IV, line	17.
Form 990	D-EZ filers are not	required to comp	plete this p	part.			
a Mail solicitat	the organization rai						
	email solicitations	e f			non-government g government grant		
c Phone solici		g			ising events	5	
d In-person so					-		
2a Did the organization	tion have a written o	or oral agreement	with any inc	dividual (in	cluding officers, d	irectors, trustees,	
b If "Yes," list the	s listed in Form 990	ividuals or entities	fundraise (fundraise		notessional fundra	Ising services?	Yes N
compensated at	least \$5,000 by the	organization.	(iunaraloo		in to agreements		
						(v) Amount paid to	1
(i) Name and addr or entity (fu		(ii) Activity	custody c	draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid (or retained by)
	,			outions?	nom douvry	col. (i)	organization
1			Yes	No			
2							
3							
•							
4							
5	*						
5							
6							
7							
8							
9							
10							
otal	<u></u>	<u></u>	<u></u> .				
3 List all states in registration or lic	which the organiza	ation is registered	or licensed	to solicit	contributions or	has been notified	l it is exempt fr
							17 17

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COMMUNITY	MUSIC	SCHOOL	INC.
		0011001	

Schedule G (Form 990 or 990-EZ) 2017

	than \$15,000 of fundraising ever gross receipts greater than \$5,0	 if the organization answint contributions and grosson 00. 	ss income on Form 990-	-EZ, lines 1 and 6b. L	₋ist events with		
		(a) Event #1 BROADWAY BELIEV	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
		(event type)	(event type)	(total number)	col. (c))		
Revenue	1 Gross receipts	50,979.	900.	0.	51,879		
-	2 Less: Contributions						
	3 Gross income (line 1 minus						
+	line 2)	50,979.	900.	0.	51,879		
	4 Cash prizes				-		
	5 Noncash prizes						
Denses	6 Rent/facility costs			~			
JIRECT EXPENSES	7 Food and beverages						
	8 Entertainment						
	9 Other direct expenses				12,359		
1	0 Direct expense summary. Add lines 4 through 9 in column (d) 12,35 1 Net income summary. Subtract line 10 from line 3, column (d) 39,52						
1)		39,520		
Par	t III Gaming. Complete if the orgather than \$15,000 on Form 990-E	anization answered "Y Z, line 6a.					
	t III Gaming. Complete if the orgative than \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) ^{Bingo}					
		Z, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more		
Hevenue	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more		
Expenses Hevenue	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more		
Expenses Hevenue	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes	Z, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more		
Direct Expenses Revenue	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	Z, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo	orted more		
	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Z, line 6a. (a) Bingo	es" on Form 990, Par	t IV, line 19, or repo (c) Other gaming	orted more		
	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Z, line 6a. (a) Bingo	<pre>(b) Pull tabs/instant bingo/progressive bingo Yes% No</pre>	t IV, line 19, or repo (c) Other gaming	orted more		
	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	2 through 5 in column (d)	fes" on Form 990, Par	t IV, line 19, or reported to the second sec	orted more		
Expenses Hevenue	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtra	2 through 5 in column (d) act line 7 from line 1, col	<pre>(b) Pull tabs/instant bingo/progressive bingo</pre>	t IV, line 19, or reported to the second sec	orted more		
a Pirect Expenses Hevenue	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtra Enter the state(s) in which the organization licensed to conduct get	2 through 5 in column (d) act line 7 from line 1, column gaming activities in each	(b) Pull tabs/instant (b) Pull tabs/instant bingo/progressive bingo y Yes % No y	t IV, line 19, or reported in the second sec	(d) Total gaming (add col. (a) through col. (c))		
b 6 Direct Expenses Hevenue	than \$15,000 on Form 990-E 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtra Enter the state(s) in which the organization	2 through 5 in column (d) act line 7 from line 1, column gaming activities in each	(b) Pull tabs/instant (b) Pull tabs/instant bingo/progressive bingo y Yes % No y	t IV, line 19, or reported in the second sec	(d) Total gaming (add col. (a) through col. (c))		

	COMMUNITY MUSIC SCHOOL INC.	58-209	8168		
Sched	ule G (Form 990 or 990-EZ)			Page 3	
11	Does the organization conduct gaming activities with nonmembers?		Yes	No	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?		Yes	No	
13	Indicate the percentage of gaming activity conducted in:	1 1			
а	The organization's facility	13a		%	
b	An outside facility	13b		%	
14	Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and		70	
	records:				
	Name ▶				
	Address ►				
			7		
15 a	Does the organization have a contract with a third party from whom the organization receives				
	revenue?		Yes	No	
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and the			
	amount of gaming revenue retained by the third party ► \$				
C	If "Yes," enter name and address of the third party:				
	Name ►				
	Address ►				
10					
16	Gaming manager information:				
	Namo N				
	Name ►				
	Gaming manager compensation > \$				
	Description of services provided				
	Description of services provided ►				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to			
	retain the state gaming license?		Yes	No	
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations			
	or spent in the organization's own exempt activities during the tax year > \$				
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns	s (iii) and (v), and		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal inform	nation		
	(see instructions).		-		

SCHE	DULE	0
(Form	990 or	990-F7

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury	Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990.	Inspection
Name of the organization Emplo		Employer identif	
COMMUNITY MUSIC SCHOOL INC. 58		58-2098	168

SEE BELOW

PART VI, SEC. B, #11 - REVIEWED BY BOARD

PART VI, SEC. B, #12C - EACH BOARD MEMBER & EMPLOYEE COMPLETES A

DISCLOSURE AND ACKNOWLEDGE STATEMENT REGARDING ANY CONFLICTS ANNUALLY.

PART VI, SEC. B, #15B - BOARD REVIEW AND APPROVAL

PART VI, SEC. C, #19 - UPON REQUEST

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION		(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME		63	7.		637.
	TOTALS	63	7.		637.

FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET INCOME DESCRIPTION EXPENSES INCOME BROADWAY BELIEVES 50,979. 12,359. 38,620. ARTISTS IN SCHOOLS 900. 900. TOTALS 51,879. 12,359. 39,520.

> ATTACHMENT 3

ATTACHMENT 1

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) Name of the organization COMMUNITY MUSIC SCHOOL INC.			Page 2 Employer identification number 58-2098168		
FORM 990, PART IX - OTHER FEES		:	ATTACHMENT	3 (CONT'D)	
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES	
INSTRUCTORS	42,378.	42,378.			
STRATEGIC PLANNING	23,073.	1,154.	18,458.	3,461.	
GRANTS/OUTREACH CONTRACTOR	8,250.	3,713.	412.	4,125.	
MISCELLANEOUS FEES	1,828.	145.	276.	1,407.	
TOTALS	75,529.	47,390.	19,146.	8,993.	