#### Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

|                |   | 3.1 |   |   |
|----------------|---|-----|---|---|
| year beginning | T | ŤŤ  | 1 | 1 |

OMB No. 1545-1878

|  | Do not send to the IRS. Keep for your records.   |  | 2019   |
|--|--|--|--|
| Name of exempt organization  | ► Go to www.irs.gov/Form8879EO for the latest information  |  |  |
| COMMINITARY Y  | 도 하는 그리고 생명이 모든 사이트를 하는 것이 말로 살고 있는 것이다. 그리고 있다.<br>그렇게 물을 하다고 된 것이 있는 것이다. 물로 하는 것이 모든 것이다.   | Employer jo  | lentification number   |
| COMMUNITY MUSIC SO   | CHOOL INC.   |  |  |
| FRANK WESTMEYER  |  | 58-20  | 98168  |
| PREASTIRED   | 가 얼마, 흙 속 말까는 뭐니까요 말마음 보다  |  |  |
| Part Type of Return  | and Return Information (Whole Dollars Only)  |  |  |
|  |  |  |  |
| than one line in Part I.   | ich you are using this Form 8879-EO and enter the applicable amount and the amount on that line for the return being filed with this form word enter -0-). But, if you entered -0- on the return, then enter -0- on the  | applicable line below.   | If you check the be<br>1b, 2b, 3b, 4b, o<br>Do not complete n  |
| 1a Form 990 check here X<br>2a Form 990 EZ check here  | The state of the s | <b>\</b>   | سنسا معام الم  |
| 3a Form 1120 POL check here  |  |  | 440,62   |
| a Form 990-PF check here   |  |  |  |
| Sa Form 8868 check here  |  |  |  |
|  | b Balance Due (Form 8868, line 3c)   | 5b   |  |
| Part II Declaration and  | Signature Authorization of Off   |  |  |
| HUGI DENAMES AT ASSISS. L.J  | that I am an officer of the above organization and that I have examine schedules and statements and to the best of my knowledge and believed above is the amount shown on the copy of the organization's elections.  |  |  |
|  | THE WAR WIND WIND WILLIAM SHEET HILL AND ADDRESS OF WALL WAS A STREET  | A Sen arminit o Idnal 91 (5  | ixes owen on this  |
| ocessing of the electronic payment<br>lyment. I have selected a personal i<br>ganization's consent to electronic for<br>ficer's PIN: check one box only  | I authorize the U.S. Treasury and its designated Financial Agent to into account indicated in the tax preparation software for payment of the debit the entry to this account. To revoke a payment, I must contact ess days prior to the payment (settlement) date. I also authorize the fit of taxes to receive confidential information necessary to answer inquidentification number (PIN) as my signature for the organization's electurists withdrawal.   | are 0.5. Heasury Financ  | cial Agent at  |
| ocessing of the electronic payment<br>ayment. I have selected a personal i<br>ganization's consent to electronic for<br>fficer's PIN check one box only  | ess days prior to the payment (settlement) date. I also authorize the fit of taxes to receive confidential information necessary to answer inquidentification number (PIN) as my signature for the organization's elections withdrawal.  | ine of the transfer of the control o | cial Agent at<br>ved in the<br>related to the<br>icable, the   |
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### (Rev. January 2020) Department of the Treasury Internal Revenue Service

# สeturn of Organization Exempt From Income เล่x

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

| ONIO 140. 1545-0047 |   |  |  |  |  |  |  |  |
|---------------------|---|--|--|--|--|--|--|--|
| 2019                | - |  |  |  |  |  |  |  |
| Open to Public      |   |  |  |  |  |  |  |  |

| 1        | 3 CI                   | neck if<br>plicable:    | C Name of organization   | ending (      | JUN 30, 2                               | 020  |
|----------|------------------------|-------------------------|--|---------------|---|--|
|          | ar<br>                 |                         |  |               |   | dentification number   |
|          |                        | Address<br>change       | COMMUNITY MUSIC SCHOOL INC.  |               |   | The state of the s |
|          |                        | Name<br>change          | Doing business as  |               |   |  |
|          |                        | Initial<br>return       |  |               | 58-20                                   | 98168  |
|          |                        | Final<br>return/        | Number and street (or P.O. box if mail is not delivered to street address)  322 CHAPANOKE ROAD   | Room/suite    | E Telephone n                           |  |
|          |                        | termin-<br>ated         | City or town atota and a   |               | 1,                                      | <u>32</u> -0900  |
|          |                        | Amended return          | City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27603   |               | G Gross receipts \$                     |  |
|          |                        |                         | RALEIGH, NC 27603  |               | H(a) Is this a gr                       |  |
|          |                        | pending                 | F Name and address of principal officer: FRANK WESTMEYER   |               |   |  |
| -        | Ta                     | X-exemn                 | SAME AS C ABOVE, RALEIGH, NC 27603 ot status: X 501(c)(3) 501(c) ( ) (insert co.) 1017(1)(1)   | ÷             |   |  |
| -        | W                      | eheita:                 | of status: X 501(c)(3) 501(c)( )   | or 527        |   |  |
|          |                        |                         | opination V Community  | 2900          | ٦,                                      | ach a list. (see instructions)   |
|          | Par                    | t I Si                  | anization: X Corporation Trust Association Other ►   | L Year        | of formation: 190                       | 94 M State of legal domicile; N  |
|          |                        |                         |  |               | eriormation, 251                        | / = [ M State of legal domicile; IN  |
|          | 8                      | DIE<br>DA               | fly describe the organization's mission or most significant activities: COMMULEIGH POSITIVELY ENRICHES THE LIVER OF  | JNITY         | MUSTC SCH                               | OOT OF   |
|          | ctivities & Governance |                         |  |               |   |  |
|          | ē                      |                         |  | ed of more    | than 25% of its no                      | OW-INCOME  |
|          | ်<br>ဗ                 |                         |  |               |   |  |
|          | 8                      | T INUIT                 | iber of independent voting members of the governing bedt. (Death in  |               |   | 3 15   |
|          | E E                    |                         | The control of the co |               |   | 4 15   |
|          |                        |                         |  | •••••••       | *************************************** | 5 6  |
|          | ¥                      | /a lota                 |  |               |   | 6 27   |
| . —      | +                      | b Net                   | unrelated business taxable income from Form 990 T, line 39   |               |   | 7a 0.  |
|          | 1.                     |                         |  |               | Prior Year                              | 7b 0.  |
| . :      | 9 .                    | B Cont                  | tributions and grants (Part VIII, line 1h)   | <u> </u>      | 261,31                                  | 5. Current Year 426,830.   |
|          | D                      | 9 Prog                  | ram service revenue (Part VIII, line 2a)   |               | 4,89                                    |  |
|          | 2                      | 0 Inves                 | strieff income (Part VIII, column (A), lines 3, 4, and 7d)   |               | -3,29                                   | <del></del>  |
|          | - 1                    | . 0010                  | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | 26,75                                   | <del></del>  |
| 1        | _                      | Z rotal                 | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 40)   |               | 289,66                                  |  |
|          | 1.                     | • Glan                  | ts and similar amounts paid (Part IX, column (A), lines 1-3)   |               |   | 0  |
|          | 1.                     | + Beue                  | fits paid to or for members (Part IX, column (Δ), line 4)  |               |   | $\begin{bmatrix} 0 & & & & 0 \\ 0 & & & & & \end{bmatrix}$   |
| ģ        |                        | 5 Salar                 | ies, other compensation, employee benefits (Part IV, column (A), III, a. 5.40)   |               | 131,36                                  | 6. 155,068.  |
| Fynaneae |                        | 1,1010                  | osional fundasing lees (Part IX, column (A), line 11e)   |               |   | 0. 133,068.  |
| Š        | <u>.</u>               |                         | roll dialising expenses (Part IX, Column (I)) line 25)   | 5.            |   | V.   |
|          | 1.                     | <ul><li>Otner</li></ul> | expenses (Part IX, column (A), lines 11a-11d, 11£24a)  |               | 148,825                                 |  |
|          |                        | ·otai                   | expenses. Add lines 13-17 (must equal Part IX, column (A) line 25).  |               | 280,191                                 | 1. 287,110.  |
|          | 19                     | Revei                   | nue less expenses. Subtract line 18 from line 12   |               | 9,474                                   |  |
| ts or    | <b>1</b> ~             | <b>.</b> =44-1          |  | Beai          | nning of Current Ye                     |  |
| Assets   | 20                     | lotal                   | assets (Part X, line 16)   |               | 168,975                                 | End of Year 355,745.   |
| ᇴ        | 3                      | lotal                   | liabilities (Part X, line 26)  |               | 15,466                                  |  |
|          | 1 22<br>3 rt           | Net a                   | ssets or fund balances. Subtract line 21 from line 20<br>Inature Block   |               | 153,509                                 |  |
| 50060000 |                        |                         |  |               |   |  |
| true     | or he                  | rect and                | perjury, I declare that I have examined this return, including accompanying schedules are  | nd statement  | s, and to the best of                   | my knowledge and belief it is  |
| . uuc    | , 601                  | i ect, and              | complete. Declaration of preparer (other than officer) is based on all information of which  | n preparer ha | s any knowledge.                        | my knowledge and belief, it is   |
| Sig      |                        |                         | Signature of officer   |               |   |  |
| Her      | -                      |                         |  |               | Date                                    |  |
|          | •                      |                         | FRANK WESTMEYER, TREASURER  Type or print name and title   |               | <u> </u>                                |  |
|          |                        |                         | T  |               |   |  |
| Paid     |                        |                         | JAMES BLACK TO John Spiglature   | / O Dat       | , i ondok                               | PTIN   |
| Prep     |                        | 1                       | name - BATCHETOD TITLE TO  | 11/2/11       | 30/20 If self-em                        | P00175233  |
| Use      |                        |                         |  | U             | Firm's EIN                              | 56-1750124   |
|          | _                      |                         | RALEIGH, NC 27612  |               |   |  |
| May      | the                    | IRS disc                | cuss this return with the preparer shown above? (see instructions)   |               | Phone no. 9                             | 19-787-8212  |
| 93200    | 1 01                   | -20-20                  | LHA For Paperwork Reduction Act Notice, see the separate instructions.   |               |   | X Yes No   |
|          |                        |                         | SCHEDULE O FOR ORGANIZATION MISSION STAT   |               |   |  |
|          |                        |                         | STATE OF THE STOR STATE  | EMENT         | CONTINUA                                | TUMENT COPY  |

| 2 is the organization merylend to computes Schedule D, Schedule of Contributors?  3 Did the organization engage in direct or indirect political campaign achityties on behalf of or in opposition to candidates for public officer? If "Yes," complete Schedule C, Part I  4 Section SQ (16)29 organizations. Did the organization engage in lobbying activities, or have a section 501(b) obscribed in the set of the                                      |       | 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  | _               | _ Y              | es No          |
|--|-------|---|-----------------|------------------|----------------|
| public office/? If "Yes," complete Schedule C, Part I  Section 50 (cg/g) organizations. Did the organization engage in tobbying activities, or have a section 501(n) election in effect during the tax year If "Yes," complete Schedule C, Part III  5 is the organization as section 501(c)(d), 501(c)(d                                     |       | 2 Is the organization required to complete out to a second  | 1               | .   ,            | ,              |
| pounce office? // "Yes," complete Schedule C, Part // Section 50 (EQS) organizations. Did the organization engage in lobbying activities, or have a section 50 (EQS) organization section 50 (EQS) organization section 50 (EQS), or 50 (EQS), or 50 (EQS) organization that receives membership dure, assessments, or similar amounts as defined in Revenue Procedure 99-1997 ("Yes," complete Schedule C, Part // EQS complete Schedule in Perenue Procedure 99-1997 ("Yes," complete Schedule C, Part // EQS complete Schedule In Part X ("Yes," complete Schedule C, Part // EQS complete Schedule In Part X ("Yes," compl                                     |       | 3 Did the organization engage in direct or indirect as  | ··· }-          |                  |                |
| Section 60 (c/c/g) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II!  5 is the organization a socion 501(c/c), 501(c/c), or 501(c/c) organization that receives membership dues, assessments, or similar amounts as defined in freewive Procedure 98-19? If "Yes," complete Schedule C, Part III provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or intel distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III provide advice or incide account including easements to preserve open space.  10 In the organization report an amount in Part X. Ine 21, for ecrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cardior counseling, debt management, crodit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III.  10 Id the organization report an amount in Part X. Ine 21, for ecrow or custodial account liability, serve as a custodian for if "Yes," complete Schedule D, Part IV.  10 Id the organization report an amount for Part X. Ine 21, for ecrow or custodial account liability, serve as a custodian for if "Yes," complete Schedule D, Part IV.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV.  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV.  12 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV.  13 If the organization report an amount for land repaired schedule D, Part X, line 10. If If Yes, complete Schedule D, Part X.  14 If If If If Yes, complete Schedule D, Part IV.  15 If the organization report an amount for other assets in Part X, line 25? If "Yes," complet                                     | 1,.,  | public office? If "Yes." complete School to C. D  | ····   -        |                  | -              |
| Lourning the fact year? If "Yes," complete Schedule C, Part II is the organization state on SOI(c)(4), SOI(c)(6), or 501(c)(6),                                      |       | 4 Section 501(c)(3) organizations. Did the organization   | 1 4             | 3                | x              |
| s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as offended in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III  Did the organization receive or hold a conservation easement, including easements to pressure open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for M"Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for M"Yes," complete Schedule D, Part IV.  Did the organization directly or through a related organization, hold assets in donor restricted endowments or in quasil endowments? If "Yes," complete Schedule D, Part IV.  If the organization report an amount for line streams or years, then complete Schedule D, Part VIII, III, IV, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XIII assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, Part XIII in 16? If "Yes," complete Schedule D, P                                     |       | during the tax year? If "Yes " complete Separation C. B. and the control of the c  | ect             | 1                | -              |
| Bit the organization maintain any doors devided funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III the organization report an amount in Part X, line 21, for eacrow 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 II the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI II the organization report an amount for investments - organization in Part X, line 10? If "Yes," complete Schedule D, Part VI II the organization report an amount for investments - organization is partial                                      |       | is the organization a section 501(c)(4), 501(c)(5), an Fold (c)(6)  |                 | .                | x              |
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| piouse advice on the distribution or investment of amounts in such funds or accounts? If wrice, "complete Schedule D, Part I    Did the organization reserve or hold a conservation easement, including easements to preserve open papes.  Bit the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.  Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for III "Yes," complete Schedule D, Part IV.  Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for III "Yes," complete Schedule D, Part IV.  Did the organization report an amount for land, buildings, and equipment in part X, line 107 If "Yes," complete Schedule D, Part V.  Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for linvestments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 157 If "Yes," complete Schedule D, Part VIII.  Did the organization security and amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X III.  Did the organization in the securities in Part X, line 257 If "Yes," complete Schedule D, Part X III.  Did the organization in separate, independent audited financial statements for the tax year include a fortunite that addresses the organization in cluded in separate, independent                                      |       | b Did the organization maintain any donor advised to  |                 |                  | x              |
| Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historical radiation assement, including assements to preserve open space, the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part # # # # # # # # # # # # # # # # # # #   |       | provide advice on the distribution or investment of accounts for which donors have the right to   |                 | <del>'   -</del> | +              |
| Bold the organization maintain collections of works of art, historical treasures, or other similar assets? # "yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for II" "Yes," complete Schedule D, Part IV II.  Did the organization clienticity or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? # "yes," complete Schedule D, Part V II.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part V II.  Did the organization report an amount for investments - other securities in Part X, line 10? # "Yes," complete Schedule D, Part V II.  Did the organization report an amount for investments - other securities in Part X, line 10? # "Yes," complete Schedule D, Part V II.  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? # "Yes," complete Schedule D, Part V II.  Did the organization report an amount for other sassets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part V II.  Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X III.  Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X III.  Did the organization report an amount for other liabilities in Part X, line 25? # "Yes," complete Schedule D, Part X III.  Did the organization obtain separate, independent audited financial statements for the tax year? # "Yes,"                                      |       | Jid the organization receive or hold a consequence of the first of accounts? If "Yes, " complete Schedule D. Des  | +1 B            |                  | x              |
| 5 Did the organization maintain collections of works of art, historical treasures, or other similar assests? # "Yes," complete Schedule D, Part II 9  9 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repoir, or debt negotiation services?  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? # "Yes," complete Schedule D, Part V    11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V    12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part V    13 Did the organization report an amount for investments - other securities in Part X, line 10? # "Yes," complete Schedule D, Part V    14 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? # "Yes," complete Schedule D, Part V    15 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part V    16 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X    17 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? # "Yes," complete Schedule D, Part X    18 Did the organization maintain an office, employees, or agents outside of the United States?  19 Did the organization maintain an office, employees, or agents outside of the United States?  10 Did the organization report nor Part IX, column (A), line 3, more th                                     |       | the environment, historic land areas, or historic attack  | "   •           | +-               | <del>  ^</del> |
| Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for if "Yes," complete Schedule D, Part N in 16 (19 part N) in 16 part X, in 17 part X, line 21, for escrow or custodial account liability, serve as a custodian for if "Yes," complete Schedule D, Part N in 16 part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  10 bid the organization frectly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V if If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V V  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V V  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 V III  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 V III  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 X III  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III  Did the organization report an amount for other assets attements for the tax year? If "Yes," complete Schedule D, Part X III  Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," and if the organization ineval and X III  Did the organization included in consolidated, independent audi                                     |       | B Did the organization maintain collections of warder of "Yes," complete Schedule D, Part II  | ,               |                  |                |
| B 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 V  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quase endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  B Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  D Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  D Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of lits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of lits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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 XIII  Did the organization incorport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X  Its Did the organization's septiment and part of other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X  Its Did the organization's septiment and the part X X line 25? If "Yes," complete Schedule D, Part X X and XII is optional as the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X and XII is optional as the organization included in consolidated, independent audited finan                                     |       | Schedule D. Part III  | ···  - <u>-</u> | +                | <u> </u>       |
| 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'  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, 'complete Schedule D, Part V'  If the organization's answer to any of the following questions is Yes, 'then complete Schedule D, Part V, VII, VIII, IX, or X as applicable.  A Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI'  Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VII'  Did the organization report an amount for investments - program related 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 VIII'  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 VIII'  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 XII'  Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes, 'complete Schedule D, Part X III III III III III III III III III  |       | Did the organization report an amount in Danks  |                 |                  | 1,,            |
| # *Yes,* complete Schedule D, Part N*  10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? # *Yes,* complete Schedule D, Part V*  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  2  |       | amounts not listed in Part Y or provide and the 21, for escrow or custodial account liability, serve as a custodian for   | -   8           | +-               | <u> </u>       |
| Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasie endowments? If "Yes," complete Schedule D, Part V  If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a policable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  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  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  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 X III  Did the organization amount for other liabilities 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 X III  Did the organization obtain separate, independent audited financial statements for the tax year; line 15, complete Schedule D, Part X III  Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XIII  Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XIII soptional  Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XIII soptional  Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XIII soptional  Is the organization answered "No" to line 12a, then completing Schedule D, Parts XIII and XIII soptional  Is the organization report an amount for                                     |       | If "Yes." complete Schoolule D. D. L. H.  |                 |                  |                |
| or in quasi endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c 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  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 VII  d Did the organization report an amount for other liabilities 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 VII  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  b Was the organization asset of the organization asset of the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III and XII is the organization near III and III is the organization near III is a second of the organization of the organization asset of the III is a second of the organization report                                     | 10    | Did the organization directly or the state of the state o  |                 |                  |                |
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| as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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  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  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 VIII  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 VIII  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 XIII III III III III III III III III I   | 11    | If the organization's answer to a service to  | 1               |                  |                |
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| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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 VII  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 VII  Did the organization report an amount for other liabilities 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  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  116   |       | a Did the organization reserved   |                 |                  |                |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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 VII  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 VII  Did the organization report an amount for other liabilities 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  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  116   |       | Part V/   |                 |                  |                |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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  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 VIII  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 X  Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X  Did the organization separate, independent audited financial statements for the tax year complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional  Is the organization asset of the very line of the United States?  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?  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report more than \$15,000 of expenses for professional fundrais                                |       | b Did the organization  |                 |                  |                |
| 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? // *Yes," complete Schedule D, Part V/ll  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? // *Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X line 16 // *Yes," complete Schedule D, Part X line 16 // *Yes," complete Schedule D, Part X line 16 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule D, Part X line 17 // *Yes," complete Schedule P, Parts I line 17 // *Yes," complete Schedule P, Parts I line 17 // *Yes," complete Schedule P, Parts I line 17 // *Yes," complete Schedule P, Parts I line 17 // *Yes," complete Schedule P, Parts II and IV line 0 // *Yes," complete Schedule P, Parts II and IV line 0 // *Yes," complete Schedule P, Parts II and IV line 0 // *Yes," complete Schedule P, Parts II and IV line 0 // *Yes," complete Schedule P, Parts II and IV line 0 // *Yes," complete Sch                                     |       | assets reported in Part X, line 12, that is 5% or more of its act V   | 11a             | X                | <del> </del>   |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  116  |       | C. Did the ergenization   |                 |                  | 1              |
| d Did the organization report an amount for other assets in Part X, line 15, Part VIII Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 I and XII Is organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional  Is 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  Is the organization maintain an office, employees, or agents outside of the United States?  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  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for fortegin individuals? If "Yes," complete Schedule F, Parts II and IV  Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II  Did the organization report mo                                |       | assets report an amount for investments - program related in Part X. line 13, that is 5% or more of the   | . 11b           | ╀——              | <u> </u>       |
| Part X, line 16? If "Yes," complete Schedule D, Part IX  |       | d. Did the argenization   |                 |                  |                |
| e Did the organization report an amount for other liabilities in Part X, line 25? # "Yes," complete Schedule D, Part X  11e X  12 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  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  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 Zi is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13  | . '   | Part V. line 100  | . 11c           | <u> </u>         | X              |
| the organization's seignificate 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 111 122 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 1 and XI III 152   |       | Pid the array of the array of the complete Schedule D, Part IX  |                 |                  | 1              |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 2 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 2 X 5 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 12a X 1 S the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Parts XI and XII is optional 12b 2 X 1 S the organization as chool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Parts XI and XII is optional 12b 2 X 1 S the organization maintain an office, employees, or agents outside of the United States? 1 S 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 II and IV 1 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 1 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 1 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 In and 8a? If "Yes," complete Schedule G, Part II III 1 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," 1 In III 1                                | ì     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes " complete Separt to D. D.  | 11d             |                  | X              |
| 111   122   132   133   134   135  |       | the organization's separate or consolidated financial statements for the tax year include a footness that the second statements for the tax year include a footness that the second statement is separated by the second statement in the second statement is separated by the  | . <u>11e</u>    | X                |                |
| Schedule D, Parts XI and XII   | 10-   | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "You " appeals to 8 to 1000 for that addresses  |                 |                  |                |
| 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  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  21 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  22 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  22 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII,                          | 120   | Did the organization obtain separate, independent audited financial statements for the tax year?  | . 11f           |                  | X              |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 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  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a X  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |       | Schedule D, Parts XI and XII  |                 | -                |                |
| Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  13   3   3   3   3   3   3   3   3   3   | . 10  | Was the organization included in consolidated, independent audited financial statements for the torus.  | 12a             | X                |                |
| b Did the organization maintain an office, employees, or agents outside of the United States?  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   |       |   |                 |                  |                |
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| 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.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b Did the organization report more than \$5,000 of gross income sudded financial statements to this return?  | _     | Did the organization maintain an office, employees, or agents outside of the United States?   | 13              |                  | X              |
| or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  or foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  18  | d     | Did the organization have aggregate revenues or expanses of second the difference States?   | 14a             |                  | X              |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  21 Did the organization report more than \$5,000 of gross audited financial statements to this return?  |       | investment, and program service activities outside the United States, or aggregate facilities fundraising, business,  |                 | I                |                |
| toreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Did the organization report more than \$5,000 of gross income from gaming activities to this return?   |       | or more? If "Yes," complete Schedule F. Parts Land IV   | 1 1             | - 1              |                |
| toreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  19 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Did the organization report more than \$5,000 of gross income from gaming activities to this return?   | 15    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of acceptance.  | 14b             |                  | X              |
| or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Did the organization report more than \$5,000 of gross income from gaming activities to this return?   |       | foreign organization? If "Yes " complete School 1 5 5 5 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1   | 1 1             | T                |                |
| or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b Did the organization report more than \$5,000 of gross income from gaming activities to this return?   | 16    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 at any  | 15              | _  -             | $\mathbf{X}$   |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  10 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18  |       | or for foreign individuals? If "Yes" complete Schodule 5. But all 1990 or aggregate grants or other assistance to   |                 |                  |                |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  12   | 17    | Did the organization report a total of more than \$15,000 of expanses for   | 16              | - [              | X              |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  21 Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  22 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |       | column (A), lines 6 and 11e? If "Yes " complete School to D.  |                 |                  |                |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization report more than \$5,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  20a X  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X  20b 20b  | 18    | Did the organization report more than \$15,000 total of 6 months.   | _17             |                  | X              |
| complete Schedule G, Part III  |       | 1c and 8a? If "Yes." complete Schedulo C. Pont II.  |                 |                  |                |
| complete Schedule G, Part III  | 19    | Did the organization report more than \$15,000 of gross income from any from | 18              |                  | X              |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a X  20b  |       | complete Schedule G. Part III.  |                 |                  | <del></del>    |
| 20a X  20a Did the organization report more than \$5,000 of greater and the oreport more than \$5,000 of greater and the organization report mor | 20a   | Did the organization operate one or more hospital facilities of   | _19             |                  | X              |
| 21 Did the organization report more than \$5,000 of great and the organization return?   | D     | If "Yes" to line 20a, did the organization attach a copy of the public o  | 20a             |                  |                |
| domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and III   | 21    | Did the organization report more than \$5,000 of greats   |                 | $\neg$           |                |
| 11 Tes. Complete Schedule I Porte Land III   |       | domestic government on Part IX, column (A), line 12 # "Voo." assistance to any domestic organization or   |                 |                  |                |
| 32003 01-20-20 Yes. Comblete Schedule I. Parts I and II X  | 32003 | 01-20-20  | 21              | - 1              | X              |

| F        | orm 990 (2019) COMMUNITY MUSIC SCHOOL INC.   |                     |                 |                |
|----------|--|---------------------|-----------------|----------------|
| 200      | Part IV Checklist of Required Schedules (continued)  | 981                 | <u> 8</u>       | Page           |
| 2        | 2 Did the organization report many the decree  | <del></del>         | <del></del>     |                |
|          | - The original action report mon so one of grants and the second seconds   |                     | -+              | Yes No         |
| 2        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the complete Schedule II.   |                     |                 |                |
|          | 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 compensation.  | ···  - <del>-</del> | 2               | <u>X</u>       |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   | - 1                 |                 |                |
| 24       | Schedule J   | . 2                 | 2               | Х              |
|          | la Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  | ·   -               | <del>-</del>  - | <del>-  </del> |
|          | Schedule K. If "No " go to line 25c  |                     |                 | ļ              |
|          | b Did the organization invest any proceeds of tay exempt head.   | . 24                | a               | x              |
|          | c Did the organization maintain an escrow account other than a referrible to the composary period exception?   | 24                  |                 | <del>- </del>  |
|          | any tax-exempt bonds?  | - 1                 | $\neg$          |                |
|          | d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization access   | 24                  | c               |                |
| 25       | a Section 501(c)(3), 501(c)(4), and 501(c)(20) organization 501(c)(3), 501(c)(4), and 501(c)(20) organization 501(c)(4).   | 24                  | d               |                |
|          | transaction with a disqualified person during the year? It was a few to organization engage in an excess benefit   |                     |                 |                |
|          | 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.  | . 25                | a               | X              |
|          | 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  Did the organization report any amount on Part X, line 5 or 22 for receivable.   |                     | -               | ]              |
| 26       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 25t                 | - 上             | X_             |
|          | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |                     | 1               | 1              |
| 27       |  |                     |                 | 1              |
| ZI       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection   |                     | ┿               | <u> </u>       |
|          | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |                     |                 |                |
| 28       | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   |                     |                 |                |
|          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III instructions, for applicable filing thresholds, conditions, and account to the following parties (see Schedule L, Part IV   | 27                  |                 | _   X          |
| а        |  |                     |                 |                |
|          | or torrier officer, trustee, key employee, greater or format   |                     |                 |                |
| b        | "Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes." complete Schedule L.   | 28a                 |                 | х              |
| c        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a are 00.0   | 28b                 | †               | $\frac{x}{x}$  |
|          | "Yes," complete Schedule I Part IV   | 1                   | 1               | +==            |
| 29       | "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar acceptance.   | 28c                 | 1               | X              |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 29                  | X               | 1              |
|          | contributions? If "Yes " complete School to Management of the Similar assets, or qualified conservation  |                     |                 |                |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its not access?  | 30                  |                 | X              |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N. Part II  | 31                  |                 | X              |
|          | Schedule N, Part II "Yes," complete  |                     | l               |                |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 // # Woo # account to 0 of the organization under Regulations   | 32                  | <b> </b>        | X              |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part I   |                     | 1               |                |
| 34       |  | 33                  | <del></del>     | X              |
| )E ^     | Part V, line 1   |                     |                 | ]              |
| ooa<br>k | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34                  |                 | X              |
| D        | to into ood, did the ordanization receive any payment from an analysis of the ordanization receive any payment from an analysis of the ordanization receive any payment from an analysis of the ordanization receives any payment from an analysis of the ordanization receives any payment from an analysis of the ordanization receives any payment from the ordanization recei | 35a                 |                 | X              |
|          |  | 254                 |                 | 1              |
| •        | 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 3.   | 35b                 |                 | <del> </del>   |
|          |  | 36                  |                 | x              |
|          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30                  |                 |                |
|          |  | 37                  |                 | х              |
|          | Note: All Form 990 filers are required to complete School I. O   |                     |                 |                |
| ?ar      | Statements Regarding Other IRS Filings and Tax Compliance  | 38                  | х               |                |
|          | Check if Schedule O contains a response or note to any line in this Part V   |                     |                 |                |
|          |  |                     |                 |                |
| 1 a      | Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable  |                     | Yes             | No             |
|          |  |                     |                 |                |
|          | The backup with locally filles for reportable powers to  |                     |                 |                |
|          | gambling) winnings to prize winners?   |                     |                 | 1.             |

2019) COMMUNITY MUSIC SCHOOL INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

|     |            | (-a-mided)   |               |          |                         |
|-----|------------|--|---------------|----------|-------------------------|
|     | 2a         | The figure of citiployees reported on Form W.O. T.   |               | Yes      | No                      |
|     |            |  |               |          |                         |
|     | b          | The control of the co | 6             |          | 7796                    |
|     |            |  | 2b            | X        |                         |
|     | 3a         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |               |          |                         |
|     |            |  | За            |          | Х                       |
| * 1 | 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  | 3b            |          |                         |
|     |            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |               |          |                         |
|     | þ          | If "Yes," enter the name of the foreign country  | 4a            |          | X                       |
| , . |            | See instructions for filing requirements for FinCEN Form 114 D   |               |          |                         |
|     | 5a         | 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?   |               |          |                         |
|     | b.         | Did any taxable party notify the organization that it was or is a port to a  | 5a            |          | X                       |
|     | C          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5b            |          | $\overline{\mathbf{x}}$ |
| . 6 | 3a         | Does the organization have annual gross receipts that are possed!  | 5c            |          | Ţ.,                     |
|     |            | any contributions that were not tax deductible as charitable contributions?  |               |          |                         |
| . • | b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | 6a            |          | X                       |
|     |            | were not tax deductible?   |               |          |                         |
| 7   | <b>'</b> - | Organizations that may receive deductible contributions under section 170(c).  | 6b            | 1        | :                       |
|     |            | The summation receive a payment in excess of \$/5 made north, as a seed to the   |               |          |                         |
|     | b          | If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  Did the organization self, exchange, or ethantic. "I want to be provided?"   | 7a            | Х        |                         |
|     | C I        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | 7b            | Х        |                         |
| •   | t          | to file Form 8282?   |               |          |                         |
|     | d l        | f "Yes," indicate the number of Forms 8282 filed during the year   | 7c            |          | X                       |
|     | 6 .        | or the organization receive any funds, directly or indirectly, to any  |               |          |                         |
| . 1 |            |  | 7e            |          |                         |
|     |            |  | 7f            |          |                         |
| ı   | h II       | f the organization received a contribution of cars, hosts, airclance or attached the organization file Form 8899 as required?  | 7g            |          |                         |
| 8   | . 8        | sponsoring organizations maintaining donor advised funds. Did a life in vehicles, did the organization file a Form 1098-C?   | 7h            |          | <del></del> -           |
|     | S          | ponsoring organization have excess business holdings at any time during the year?  |               |          |                         |
| 9   | S          | ponsoring organizations maintaining donor advised funds.   | 8             |          |                         |
| ŧ   | . L        | id the sponsoring organization make any taxable distributions under section 40.000   |               |          |                         |
| t   | ) ·D       | old the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9a            |          |                         |
| 10  | S          | ection 501(c)(7) organizations. Enter:   | 9b            |          |                         |
| а   | ı İn       | nitiation fees and capital contributions included on Part VIII line 10   |               |          |                         |
| b   | G          | ection 501(cV12) erroriesting 501 (cV12) erroriesting  |               |          |                         |
| 11  | S          | ection 501(c)(12) organizations. Enter:  |               |          | •                       |
| а   | G          | ross income from members or shareholders   |               |          |                         |
| b   | G          | ross income from other sources (Do not not amounts discount in the control of the |               |          |                         |
|     | ar         | mounts due or received from them.)   |               |          |                         |
| 12a |            |  |               |          |                         |
| b   | lf         | "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12a           |          |                         |
| 13  | Se         | ection 501(c)(29) qualified nonprofit health insurance issuers.  |               |          |                         |
| а   | 15         | the organization licensed to issue qualified health plans in more than   |               |          |                         |
|     |            | to dee the instructions for additional information the organization  | 13a           |          |                         |
| þ   |            | min arrival to 1030 Ve3 the Utahiration is required to maintain it   |               |          |                         |
|     |            | 3 I I I I I I I I I I I I I I  |               |          |                         |
| C   |            |  |               |          |                         |
| 4a  | Dic        | the organization receive any payments for indoor tanning services during the tax year?   | 38            | 0123 SIM |                         |
| b   | •••        | voo, has it nied a FUIII / 20 to report these paymente? #  | 14a           | Х        |                         |
| 5   | ls t       | the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 14b           |          |                         |
| ٠.  | exc        | cess parachute payment(s) during the year?   |               |          | 7                       |
|     | If "       | Yes," see instructions and file Form 4720, Schedule N.   | 15            | <u> </u> | ·<br>                   |
| 6   | is t       | he organization an educational institution subject to the section 4000 audio to  |               | 9        |                         |
|     | lf."       | Yes," complete Form 4720, Schedule O.  | 16            | X        | _                       |
|     |            |  |               |          |                         |
|     |            | $oldsymbol{I}$   | orm <b>99</b> | (201     | 9)                      |

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

|       | Check if Schedule O contains a response or note to any line in this Part VI  Section A. Governing Body and Management  |                                     |             |
|-------|--|-------------------------------------|-------------|
|       | and Management   |                                     | X           |
|       | 1a Enter the number of voting members of the   |                                     | Т           |
|       | 1a Enter the number of voting members of the governing body at the end of the tax year   | Yes                                 | No          |
|       |  | 그의                                  |             |
|       |  |                                     | 100         |
|       |  | 15                                  |             |
|       |  | 15                                  |             |
|       | officer, director, trustee, or key employee?  Did the organization delegate control over management duties quetaged:   |                                     | 100         |
|       | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision  | 2                                   | X           |
|       | of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to it.  |                                     |             |
|       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 3                                   | X           |
|       | 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?   | 4                                   | X           |
|       | 6 Did the organization have members or stockholders?  7a Did the organization have members or stockholders?  | 5                                   | X           |
|       | valuation have members, stockholders, or other and other | 6                                   | X           |
|       | more members of the governing body?  |                                     |             |
|       | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 7a                                  | X           |
|       | persons other than the governing body?   |                                     |             |
|       | Did the organization contemporaneously document the meetings held or written and the second s | 7b                                  | X           |
|       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |             |
|       | b Each committee with authority to act on behalf of the  | 8a X                                |             |
|       | is there any officer, director, trustee, or key employee list at 1   | 8b X                                |             |
| _     | organization's mailing address? If "You " provide the  | ···   <del>35</del>   <del>21</del> | <u> </u>    |
| Se    | organization's mailing address? If "Yes." provide the names and addresses on Schedule O  | 9                                   | v           |
|       | Cook of the Internal Revenue Code )  |                                     | <u>X</u> _  |
|       | a Did the organization have local chapters, breath   | Tv. I                               |             |
|       | b If "Yes," did the organization boys written and it   |                                     | No_         |
|       | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's account.   | 10a                                 | <u>X</u> _  |
| 11    | and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete consistent with the organization's exempt purposes?  |                                     |             |
|       |  | 10b                                 |             |
| 12    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest.   | 11a X                               |             |
|       | a Did the organization have a written conflict of interest policy? If "No," go to line 13  |                                     |             |
|       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the part.   | . 12a X                             | <u> </u>    |
|       |  |                                     |             |
| 13    | in Schedule O how this was done  Did the organization have a written whistleblower policy?   | .                                   |             |
| 14    | Did the organization have a written whistleblower policy?  Did the organization have a written document retention and doctraction.   |                                     |             |
| 15    | Did the process for determining  |                                     | <u>K</u>    |
|       | and process for determining compensation of the following  | . 14 X                              | ζ           |
| -     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO. Executive Director, and the deliberation and decision?  |                                     |             |
| a     | Country Director, or top management official   |                                     |             |
| b     | other officers of key employees of the organization  | 15a X                               |             |
|       | If "Yes" to line 15a or 15b, describe the process in School Ia O (   | 15b X                               | _           |
| 16a   | and organization livest in, contribute assets to or participate in a fairt   |                                     |             |
| . 143 | taxable entity during the year?  |                                     |             |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | 16a X                               |             |
|       | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |                                     |             |
|       | exempt status with respect to such arrangements?   |                                     |             |
| Sec   | tion C. Disclosure   | 16b                                 |             |
| 17    | List the states with which a copy of this Form 990 is required to be filed NONE  |                                     | <del></del> |
| 18    | oction of the requires an organization to make its Forms 1000 (100)  |                                     |             |
|       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 Own website   | l)s only) available                 |             |
|       | Own website   Another's website  |                                     |             |
| 19    | Describe on Schedule O whether (and if so how) the arrow of the land of the la |                                     |             |
|       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an   | d financial                         |             |
| 20    | State the name, address and telephone number of  | u manual                            |             |
| •     | State the name, address, and telephone number of the person who possesses the organization's books and records  FRANK WESTMEYER - 919-832-0900   |                                     |             |
|       | 322 CHAPANOKE BOAD DATE  |                                     | -           |
| 32006 | 01-20-20   |                                     | -           |
|       |  | F: 000                              | -           |

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

Check if Schedule O contains a response or note to any line in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization r |               |                    | aniza                | ation          | Cor           | mnei                         | nest        | ad any autromt -#:      | ь.                         |                       |
|--|---------------|--------------------|----------------------|----------------|---------------|------------------------------|-------------|-------------------------|----------------------------|-----------------------|
| (A)  | (B) (C)       |                    |                      |                |               |                              | nsat        |                         |                            |                       |
| Name and title                               | Average       | 1                  |                      | Pos            | sitio         | n                            |             | (D)                     | (E)                        | (F)                   |
|  | hours per     | (d                 | o not o<br>x, unle   | check<br>ess o | more<br>erson | than                         | one<br>b an | Reportable compensation | Reportable                 | Estimated             |
|  | week          | of                 | ficer a              | nd a           | direct        | or/trus                      | stee)       | from                    | compensation               | amount of             |
|  | (list any     | or director        |                      |                |               |                              |             | the                     | from related organizations | other                 |
|  | hours for     | į                  |                      |                |               | 8                            | 1           | organization            | (W-2/1099-MISC)            | compensation from the |
|  | related       | stee               | ruste                |                |               | eusa                         |             | (W-2/1099-MISC)         | (17 E) 1000 WIIOO)         | organization          |
|  | organizations | 를                  | l me                 |                | loyee         | اۋ<br>س                      |             |                         |                            | and related           |
|  | below         | Individual trustee | nstitutional trustee | Officer        | Key employee  | Highest compensated employee | Former      | ·                       |                            | organizations         |
| (1) JOHN CRAMER                              | line)         | ĻĔ                 | <u>=</u>             | 통              | <u>\$</u>     | 물통                           | 횬           |                         |                            |                       |
| DIRECTOR                                     | 1.00          | ┨                  |                      |                |               | l                            | Ì           |                         |                            |                       |
| (2) BRADLEY KRAEMER                          |               | X                  | <u> </u>             | L_             | <u> </u>      | <u> </u>                     |             | 0.                      | 0.                         | 0.                    |
| DIRECTOR                                     | 1.00          | 1                  | 1                    |                |               |                              |             |                         |                            |                       |
|  |               | X                  |                      |                |               |                              |             | 0.                      | 0.                         | 0.                    |
| (3) INEZ BREWINGTON DIRECTOR                 | 1.00          |                    | 1                    |                |               |                              |             |                         |                            | <u> </u>              |
|  |               | X                  |                      | Ĺ              |               |                              |             | 0.                      | 0.                         | 0.                    |
| (4) GINNY ZEHR                               | 1.00          |                    |                      |                |               |                              |             |                         |                            | <u> </u>              |
| DIRECTOR                                     |               | Х                  |                      |                |               |                              |             | 0.                      | 0.                         | ^                     |
| (5) FRANCIS WESTMEYER                        | 1.00          | Π                  |                      |                |               |                              |             |                         | 0.                         | 0.                    |
| DIRECTOR                                     |               | Х                  |                      |                |               |                              |             | 0.                      | 0.                         | ^                     |
| (6) MARTHA KERAVUORI                         | 1.00          |                    |                      |                |               |                              |             |                         | 0.                         | 0.                    |
| DIRECTOR                                     |               | х                  | 1 1                  |                |               |                              |             | 0.                      | ا م                        | •                     |
| (7) WALTYE RASULALA                          | 1.00          |                    |                      | _              |               | -                            |             |                         | 0.                         | 0.                    |
| DIRECTOR                                     |               | х                  |                      |                |               |                              |             | ^                       |                            | _                     |
| (8) CAROL HOLLAND                            | 1.00          | -                  |                      |                | $\vdash$      | $\dashv$                     | $\dashv$    | 0.                      | 0.                         | <u> </u>              |
| DIRECTOR                                     |               | Х                  |                      | l              |               |                              |             | •                       | _                          |                       |
| (9) CATHY STIPE                              | 1.00          | 4                  | <del>├</del>         | $\dashv$       |               |                              |             | <u> </u>                | 0.                         | 0.                    |
| DIRECTOR                                     | 1.00          | х                  |                      |                |               | j                            | j           | _                       |                            |                       |
| (10) NANCY BROCKMAN                          | 1.00          | Δ                  |                      |                |               | $\dashv$                     |             | 0.                      | 0.                         | 0.                    |
| DIRECTOR                                     | 1.00          | 77                 |                      | Ì              |               | ł                            |             |                         |                            |                       |
| (11) MARTHA HAYS                             | 1 00          | X                  |                      |                |               |                              | _           | 0.                      | 0.                         | 0.                    |
| SECRETARY                                    | 1.00          |                    |                      |                |               |                              | - 1         |                         |                            |                       |
| (12) CARL TYER                               | 1 00          |                    | _                    | X              | _             | _                            | _           | 0.                      | 0.                         | 0.                    |
| VICE PRESIDENT                               | 1.00          | Ì                  | - [                  |                | ļ             |                              |             |                         |                            |                       |
| (13) DARE O'CONNOR                           |               |                    |                      | X              |               |                              |             | 0.                      | 0.                         | 0.                    |
| TREASURER                                    | 1.00          | ł                  | - [                  | l              | ı             | }                            |             |                         |                            |                       |
| (14) ROSE KENYON                             |               |                    |                      | X              |               | $\perp$                      |             | 0.                      |                            | 0.                    |
|  | 1.00          | ı                  |                      |                |               |                              |             |                         |                            |                       |
| PRESIDENT                                    |               |                    |                      | X              |               |                              |             |                         | 0.                         | 0.                    |
| (15) DENNIS DE JONG                          | 40.00         | 1                  | İ                    |                | T             | T                            |             |                         |                            | <u></u>               |
| EXECUTIVE DIRECTOR                           |               |                    | _  :                 | x              |               | 1                            | ŧ           | 83,053.                 | 0.                         | 0                     |
| <u> </u>                                     | · .           | T                  | T                    | T              | T             | $\top$                       | 7           |                         |                            | 0.                    |
|  |               | _                  |                      |                |               |                              |             | ľ                       |                            |                       |
|  |               | T                  | $\top$               |                |               | $\top$                       | $\top$      |                         |                            |                       |
|  |               | _                  |                      |                |               |                              |             | ļ                       |                            |                       |
| 932007 01-20-20                              |               |                    |                      |                | <u> </u>      |                              |             |                         |                            |                       |

932007 01-20-20

Form 990 (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019)

Statement of Revenue

| . ·   | Crieck if Schedule O contains a respon                   | nse or note to ar | ny line in this Part VIII |                    |                       | <u>-</u>   |
|---|--|-------------------|---------------------------|--------------------|-----------------------|--|
|   |  |                   | (A)                       | (B)                | (C)                   |  |
|   |  | •                 | Total revenue             | Related or exempt  | Unrelated             | (D)<br>Revenue excluded  |
| <u> </u>  | 1 a Federated campaigns 1a                               |                   |                           | function revenue   | business revenue      | from tax under   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b Membership dues  |                   |                           |                    |                       | sections 512 - 514   |
| ⊕ 6   | 2 Fundaministration dues                                 |                   |                           |                    |                       |  |
| fts,  | c Fundraising events 1c                                  |                   |                           |                    |                       |  |
| 2 5   | d Related organizations 1d                               |                   |                           |                    |                       |  |
| Sig.  | e Government grants (contributions) 1e                   | 55,839            |                           |                    |                       |  |
| er er   | f All other contributions, gifts, grants, and            |                   | <del>'</del> '            |                    |                       | 100  |
| É₩  | similar amounts not included above 1f                    | 370,991           |                           |                    |                       |  |
| ξģ  | 9 Noncash contributions included in lines 1a-1f          | 310,33            | <u>- • </u>               |                    |                       |  |
| <u>0</u> 8  | h Total. Add lines 1a-1f                                 |                   |                           |                    |                       |  |
| . 1   |  |                   | <b>426,830.</b>           |                    |                       |  |
| 8   | 2 a TUITION  | Business Cod      |                           |                    |                       |  |
| ž   | b  | 611600            | 5,986.                    | 5,986.             |                       |  |
| S T   | C  | -                 |                           | -7300.             |                       | ·  |
| Program Service<br>Revenue                                | d  | -                 |                           |                    | <del></del>           |  |
| ğα  | 8  | -                 |                           |                    |                       | <u> </u>   |
| <u>7</u>  | f All other program conting                              |                   |                           | <del></del>        |                       |  |
| · 1   | and program service revenue                              |                   |                           |                    |                       |  |
|   | g Total. Add lines 2a-2f                                 |                   | 5,986.                    |                    |                       |  |
|   | including dividends, inter                               | rest, and         | 3/300.                    |                    |                       |  |
|   | ourier similar amounts)                                  |                   | 648.                      |                    |                       | * * ·  |
|   | . Income from investment of tax-exempt bond              | proceeds          | 040.                      | 648.               |                       |  |
|   | 5 Royalties  |                   | <del> </del>              |                    |                       |  |
| 1   | (i) Real   | (ii) Personal     |                           |                    |                       | <del></del>  |
| '   | 6 a Gross rents  | 1,7,11,00         | +                         |                    |                       |  |
|   | b Less: rental expenses 6b                               | <del> </del>      | -                         |                    |                       |  |
|   | c Rental income or (loss) 6c                             |                   | $\exists$                 |                    | Street, and the       |  |
| 1   | d Net rental income or (loss)                            | <del></del>       |                           |                    |                       |  |
| 7   | a Gross amount from sales of (i) Securities              | (ii) Other        |                           |                    |                       |  |
| j   | assets other than inventory 7a 6,067.                    | (ii) Other        |                           |                    |                       |  |
|   | b Less: cost or other basis                              | <del> </del>      |                           |                    |                       |  |
| 음   |  |                   |                           |                    | 200                   |  |
| <u>e</u>  |  | <del> </del>      | and a                     | 44.0               |                       | 200  |
| Revenue   | 237.   | <u> </u>          |                           |                    |                       |  |
| <u>a</u>   a  | a Gross income from fundamental                          | <b>&gt;</b>       | 497.                      | 497.               |                       |  |
| Other 8   | a Gross income from fundraising events (not including \$ |                   |                           | 307.               |                       |  |
| 1   | ·  |                   |                           |                    | 4.0                   |  |
| .   | contributions reported on line 1c). See                  |                   |                           |                    |                       |  |
|   | Part IV, line 18   | 10,000.           |                           |                    |                       |  |
| - 1   | Less: direct expenses                                    | 4,038.            |                           |                    |                       |  |
| - 1   | I Net income or (loss) from fundraising events           |                   | 5,962.                    |                    |                       |  |
| 9   | a Gross income from garning activities See               |                   | 2,302.                    |                    |                       | 5,962.   |
|   | Part IV, line 19   |                   |                           |                    |                       | 75.0   |
|   | Less: direct expenses                                    |                   |                           |                    |                       |  |
| - 1   | I Net income or (loss) from gaming activities            |                   |                           |                    |                       |  |
| 10  | a Gross sales of inventory, less returns                 | ······ •          |                           |                    |                       |  |
|   | and allowances   |                   |                           |                    |                       |  |
|   |  |                   | to a sufficiency of the   | man and the second | Side Management State | at the same of the |
| 4   | Net income or (loss) from sales of inventory             |                   | 100                       | 3.00               |                       |  |
| .   |  | <u> </u>          |                           |                    |                       | *  |
| Bevenue<br>11 a p o o                                     |  | Business Code     |                           |                    |                       |  |
| ğ t   | KEVENUES   | 900099            | 700.                      | 700.               |                       |  |
| a c   |  |                   |                           |                    |                       | <del></del>  |
| ۾ ۾   | -  |                   |                           |                    |                       |  |
|   | All other revenue  Total. Add lines 11a-11d              |                   |                           |                    |                       | ·  |
| 12  | Total revenue See instant                                |                   | 700.                      |                    |                       |  |
| 09 01-20  | Total revenue. See instructions                          |                   | 440,623.                  | 7,831.             |                       |  |
| 01-20   |  |                   |                           | 1,001.             | 0.                    | 5,962.   |
| 125   | 153103 055637  | 9                 |                           |                    | Form                  | 990 (2019)   |

# Form 990 (2019) COMMUNITY MUSIC SCHOOL INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Check if Schedule O contains a resport Do not include amounts reported on lines 6b,  | (A)            |                              |  |                                       |
|--|----------------|------------------------------|--|---------------------------------------|
| TO, OD, SD, and TOD of Part VIII.  | Total expenses | (B) Program service expenses | (C)<br>Management and  | (D)<br>Fundraising                    |
| and diriging assistance in the state of the  |                | 3.7011000                    | general expenses   | expenses                              |
| and domestic governments. See Part IV, line 21   |                |                              |  |                                       |
| and other assistance to domestic   |                |                              |  |                                       |
| individuals. See Part IV, line 22  | <del></del>    |                              |  |                                       |
| 3 Grants and other assistance to foreign   |                |                              |  |                                       |
| organizations, foreign governments, and foreign  |                |                              |  |                                       |
| individuals. See Part IV, lines 15 and 16  |                |                              |  |                                       |
| 4 Denemits paid to or for members  |                |                              |  |                                       |
| 5 Compensation of current officers, directors  |                |                              |  |                                       |
| trustees, and key employees  | 83,053.        | 66 440                       |  |                                       |
| Compensation not included above to disqualified  | 00,000.        | 66,442.                      | 4,153.   | 12,45                                 |
| persons (as defined under section 4958(f)(1)) and  |                |                              |  |                                       |
| persons described in section 4958(c)(3)(B)   |                | •                            |  |                                       |
| Other salaries and wages   | 60,995.        |                              |  |                                       |
| Pension plan accruals and contributions (include   | 00,335.        | 31,920.                      | 2,462.   | 26,613                                |
| section 401(k) and 403(b) employer contributions   |                |                              |  |                                       |
| Other employee benefits  |                |                              |  |                                       |
| D Payroll taxes  | 11 000         |                              |  |                                       |
| Fees for services (nonemployees):  | 11,020.        | 7,525.                       | 506.   | 2 000                                 |
| a Management   | ļ              |                              |  | 2,989                                 |
| b Legal  |                |                              |  |                                       |
| - J  | I              |                              |  |                                       |
| c Accounting   | 7,300.         |                              | 7,300.   |                                       |
|  |                |                              | 7,300.   |                                       |
| e Professional fundraising services. See Part IV, line 17  |                |                              |  |                                       |
| Thanayement tees   |                |                              |  |                                       |
| - The right annount exceeds 10% of line 25   |                |                              |  |                                       |
| column (A) amount, list line 11g expenses on Sch 0.)   | 58,469.        | 58,469.                      | e de la companya de l | •                                     |
| and promoting and promotion  | 2,183.         |                              |  |                                       |
| Office expenses  | 10,180.        | 2,007.                       | 4 000  | 2,183                                 |
| information technology   |                | 2,007.                       | 4,037.   | 4,136                                 |
| noyalties  |                |                              |  |                                       |
| Occupancy  | 18,004.        | 18,004.                      |  |                                       |
| Iravel   | 468.           |                              |  |                                       |
| Payments of travel or entertainment expenses   |                |                              | 303.   | 165.                                  |
| for any federal, state, or local public officials  |                |                              |  |                                       |
| Conferences, conventions, and meetings   | 100.           |                              |  |                                       |
| Interest   |                |                              |  | 100.                                  |
| Payments to affiliates   |                |                              |  |                                       |
| Depreciation, depletion, and amortization  | 12,039.        | 10 000                       |  |                                       |
| insurance  | 3,740.         | 12,039.                      |  |                                       |
| Other expenses, Itemize expenses not as a little of the control of | 3,740.         |                              | 3,740.   |                                       |
|  |                |                              |  |                                       |
| amount, list line 24e expenses on Schedule O.)   |                |                              |  |                                       |
| CAMERON VILLAGE FINDRAT  | 10 601         |                              |  | 100                                   |
| MUSIC/SUPPLIES/PROGRAMS  | 10,691.        |                              |  | 10,691.                               |
| INSTRUMENTS PURCHASE/MA  | 6,702.         | 6,702.                       |  | <u> </u>                              |
| MISCELLANEOUS EXPENSES   | 1,930.         | 1,930.                       |  | · · · · · · · · · · · · · · · · · · · |
| All other expenses   | 236.           |                              | 236.   |                                       |
| Total functional expenses. Add lines 1 through 24e   | 207 445        |                              |  |                                       |
| Joint costs. Complete this line only if the organization   | 287,110.       | 205,038.                     | 22,737.  | 59,335.                               |
| reported in column (B) joint costs from a combined   |                |                              |  | <u> </u>                              |
| educational campaign and fundraising solicitation.   |                |                              |  |                                       |
| Check here if following SOP 98-2 (ASC 958-720)   | ,              |                              |  | -                                     |
|  |                |                              |  |                                       |

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

| · -                         | <u> </u>        | Check if Schedule O contains a response or no  | ote to                                  | any line in this Port V                 |                          |       |                 |
|-----------------------------|-----------------|--|---|---|--------------------------|-------|-----------------|
|                             |                 |  | <u> </u>                                | any intentions Part X                   |                          | ····· |                 |
|                             | <del></del>     |  | •                                       |   | (A)<br>Beginning of year | -     | (B)             |
|                             | . 1             | Herricologi-bearing  |   |   | 4.4                      |       | End of year     |
|                             | 2               | 5 - The formpoidity cash investments   |   |   |                          |       | 255,652         |
|                             | 3               | Pledges and grants receivable, net   |   |   |                          | 2     | 2               |
|                             | 4               | Accounts receivable, net   |   |   | 14,839                   | · 3   | 49,549          |
|                             | 5               |  | ·······                                 |   |                          | 4     |                 |
|                             | 1               | trustee, key employee, creator or founder, subs  | n ioiii                                 | ter officer, director,                  |                          |       |                 |
|                             | .]              | controlled entity or family member of any of the   | eo no                                   | contributor, or 35%                     |                          |       |                 |
| 4                           | 6               | Loans and other receivables from other disqual   | itica =                                 | rsons                                   |                          | 5     |                 |
|                             |                 | under section 4958(f)(1)), and persons describe  | med p                                   | ersons (as defined                      |                          |       |                 |
| इ                           | 7               | Notes and loans receivable, net  | u m se                                  | ection 4958(c)(3)(B)                    |                          | 6     |                 |
| Assets                      | 8               | Inventories for sale or use Prepaid expenses and deferred charges                                    |   |   |                          | 7     |                 |
| ~ ~                         | 9               | Prepaid expenses and deferred charges  | ••••••                                  |   |                          | 8     |                 |
|                             | 10a             |  | ······                                  | 1                                       |                          | 9     |                 |
|                             |                 | basis, Complete Part VI of Cohodula D  | 1.0                                     | 120 500                                 |                          |       | 100             |
|                             | b               | l annual and a second  | _                                       |   |                          |       |                 |
|                             | 11              | Investments - publicly traded securities   | 10b                                     | 80,040                                  | 7,425                    | 100   | 49,468.         |
|                             | 12              | Investments - publicly traded securities Investments - other securities. See Part IV, line 1         |   |   |                          | 11    |                 |
|                             | 13              | Investments - program-related. See Part IV, line   |   |   |                          | 12    |                 |
|                             | 14              | Intangible assets  |   |   | :                        | 13    |                 |
|                             | 15              | Intangible assets Other assets. See Part IV line 11  | •••••                                   |   |                          | 14    |                 |
| * .                         | 16              | Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (mark)                       |   |   |                          | 15    |                 |
|                             | 17              | Total assets. Add lines 1 through 15 (must equal Accounts payable and account expenses               | al line                                 | 33)                                     | 168,975.                 | 16    | 355,745.        |
|                             | 18              | Accounts payable and accrued expenses  | 4 -                                     | 17                                      | 14,422.                  |       |                 |
| Page                        | 19              | Grants payable  Deferred revenue   |   | *************************************** |                          | 18    |                 |
| ÷                           | 20              | T  |   | *****                                   |                          | 19    |                 |
|                             | 21              | the manifeld   |   |   |                          | 20    |                 |
| s                           | 22              | Escrow or custodial account liability. Complete F<br>Loans and other payables to any current or form | art IV                                  | of Schedule D                           |                          | 21    |                 |
| Liabilities                 | -               | trustee, key employee, creator or founder, substa  | er omic                                 | cer, director,                          |                          |       |                 |
| abil                        |                 | controlled entity or family member of any of these   | antial c                                | contributor, or 35%                     |                          |       |                 |
| ا ت                         | 23              | Secured mortgages and notes payable to unrelat   | e pers                                  | ons                                     |                          | 22    |                 |
|                             | 24              | Unsecured notes and loans payable to unrelated   | ed thii                                 | d parties                               |                          | 23    |                 |
|                             | 25              | Other liabilities (including federal income to   | third p                                 | parties                                 |                          | 24    | 29,600.         |
|                             |                 | Other liabilities (including federal income tax, pay   | ables                                   | to related third                        |                          |       |                 |
| i.                          |                 | parties, and other liabilities not included on lines of Schedule D                                   | 17-24)                                  | . Complete Part X                       |                          |       |                 |
| [                           | 26              | Total liabilities. Add lines 17 through 25   | ••••••••                                |   | 5,015.                   | 25    | 4,701.          |
|                             |                 | Organizations that follow FASD ASS 350   | <u></u>                                 |   | 15,466.                  | 26    | 48,723.         |
| s<br>es                     |                 | Organizations that follow FASB ASC 958, chec and complete lines 27, 28, 32, and 33.                  | k here                                  | $\bullet \blacktriangleright [X]$       |                          |       | -37:28          |
| a                           | 27              | Net assets without domain and the  |   |   |                          |       |                 |
| Bal                         | 28              | Net appote with description  | • |   | 135,332.                 | 27    | 213,549.        |
| 2                           |                 | Organizations that do not fell   | • | ·····                                   | 18,177.                  | 28    | 93,473.         |
| Net Assets or Fund Balances |                 | Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.                      |   |   | == / = / 5 .             |       |                 |
| ŏ                           | 29              | Capital stock or trust principal   |   |   |                          |       |                 |
| sets                        | 30              | Capital stock or trust principal, or current funds   |   | 29                                      |                          |       |                 |
| Ass                         |                 | , ala ili di capital surpius, or land, building, or equi   | nmen                                    | t frend                                 |                          | 30    |                 |
| <u></u>                     | 32              | Retained earnings, endowment, accumulated inco Total net assets or fund balances                     |   |   |                          | 31    |                 |
|                             | 33 <sup>-</sup> | Total field assets of fund balances  Total liabilities and net assets/fund balances                  |   | •••••••••••                             | 153,509.                 | 32    | 307,022.        |
| -                           |                 | and her assets/fund balances   |   |   | 168,975.                 | 33    | 355,745.        |
|                             |                 |  |   |   |                          | -     | Form 990 (2010) |

Form **990** (2019)

\_\_\_\_ Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

X

За

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Name of the organization

Inspection **Employer identification number** 

|     | ent          | Reason for Del                        | JM YTINUMMC              | SIC SCHOOL I   | NC -            | -  |   | mployer identification numb  |
|-----|--------------|---------------------------------------|--------------------------|--|-----------------|--|---|--|
|     |              |                                       |                          |  |                 | ete this na                                      | t) Soo instructi                        | <u> 58-2098168</u>   |
| 1   | Olyan        | A shursh                              | oundation because i      | t is: (For lines 1 through   | 12. check       | Only one b                                       | c.) See instructions.                   |  |
| 2   |              |                                       |                          |  |                 |  |   |  |
| 3   | H            | A scribol described in                | section 170(b)(1)(A)     | (ii). (Attach Schedule E   | Form 990        | or 990 E7  | Λ(D)(T)(A)(I).                          |  |
| -4  |              | A modified was                        | ative hospital service   | organization described   | n section       | 01 990-EZ,                                       | (A)(:::)                                |  |
| •   |              | city and state                        | janization operated i    | n conjunction with a hos   | oital descr     | industri<br>ihed in sedi                         | (A)(III).<br>Nation 1704 M.M.M.         |  |
| 5   |              | one, and state:                       | <u> </u>                 |  | 4000,           | med iii Se                                       | ction 1/0(b)(1)(A)(ii                   | i). Enter the hospital's name,   |
| •   |              | Ari organization operat               | ed for the benefit of    | a college or university and  | ned or on       | erated by  |   |  |
| 6   | Γ            | section 170(b)(1)(A)(i)               | /). (Complete Part II.)  |  | med of op       | erated by  | a governmental unit                     | described in   |
|     | $\mathbf{x}$ | A rederal, state, or loca             | government or gove       | ernmental unit described   | in sectio       | n 170/5)/4                                       |   |  |
|     | LAI          | An organization that no               | rmally receives a sub    | ostantial part of its suppo  | ort from a      | r)(a)U/i ii                                      | )(A)(v).                                |  |
|     |              | section 170(b)(1)(A)(vi)              | . (Complete Part II.)    | . Suppo  | at nom a (      | Jovernmer  | ital unit or from the (                 | eneral public described in   |
| 8   | =='          | Community trust desc                  | cribed in section 170    | VhV4V4V n  |                 |  |   |  |
| 9   |              |                                       |                          |  |                 | *.   |   |  |
|     |              | or university or a non-la             | nd-grant college of a    | griculture (see instruction  | A) Entered      | rated in co                                      | onjunction with a lan                   | d-grant college  |
|     |              | uriiversity;                          |                          |  |                 | ne name, i                                       | city, and state of the                  | College or   |
| 10  | L P          | An organization that no               | mally receives: (1) m    | ore the second rest  |                 |  |   |  |
|     | a            | ectivities related to its e           | xempt functions - sul    | Diect to certain excention   | upport fro      | m contribu                                       | itions, membership f                    | ees, and gross receipts from   |
|     | ir           | ncome and unrelated be                | usiness taxable incor    | ne fless section 511 to 1  | is, and (2)     | no more ti                                       | nan 33 1/3% of its su                   | ees, and gross receipts from<br>apport from gross investment<br>ation after June 30, 1975. |
| 1   |              | ~~ section 509(a)(2). (               | Complete Part III \      |  |                 |  | dured by the organiz                    | ation after June 30, 1975  |
| 11  | == ^         | " Organization organize               | ed and operated evol     | univele de la companya   |                 |  |   |  |
| 12  | A            | n organization organize               | ed and operated excl     | Usively for the harrest of   | safety. Se      | e section  | 509(a)(4).                              | ut the purposes of one or  |
|     | m            | nore publicly supported               | organizations descri     | usively for the benefit of,<br>bed in <b>section 509(a)(1</b> )<br>of supporting organizat | to perforn      | n the funct                                      | ions of, or to carry o                  | ut the purposes of one or  |
|     | '''          | ies iza ilirough 12d th               | at describes the type    | of our month   |                 | 11 000(8)(2                                      | ). See section 509(;                    | 1)(3). Check the hov in  |
| а   | اســا        | ype i. A supporting o                 | rganization operated     | Supervised   |                 | bicte iii ii                                     | 35 126, 127, and 12g                    |  |
|     |              | the supported organiza                | ation(s) the power to    | requierly complication   | d by its su     | pported o  | rganization(s), typica                  | lly by giving  |
|     |              | organization. You mus                 | t complete Part IV       | Soctions A - LD  | a majority      | var me am  | ectors or trustees of                   | the supporting   |
| b   |              | Type II. A supporting o               | rganization supenie      | sections A and B.  |                 | 1.1  |   |  |
|     |              | control or management                 | Of the supporting or     | ed or controlled in connegation to the   | ction with      | its suppor                                       | ted organization(s), I                  | ov having  |
|     | _            | organization(s). You mi               | ust complete Bort A      | ganization vested in the<br>/, Sections A and C  | same pers       | ons that c                                       | ontrol or manage the                    | Supported  |
| С   |              | Type III functionally in              | tegrated Asupport        | , Sections A and C.  |                 |  |   |  |
|     | i            | its supported organizati              | ion(s) (see instruction  | ing organization operated is). You must complete   | in conne        | ction with,                                      | and functionally inte                   | grated with  |
| d   |              | Type III non-functional               | lly integrated A         | is). You must complete   | Part IV, S      | ections A  | , D, and E.                             | graced with,   |
|     | t            | hat is not functionally in            | otograted. A sup         | porting organization operization generally must sa   | rated in c      | onnection  | with its supported o                    | 'anization(a)  |
|     | r            | equirement (see instruc               | tions) Van Tre organ     | ization generally must sa<br>implete Part IV. Section                                      | tisfy a dist    | ribution re                                      | quirement and an at                     | tentivenese  |
| е   |              | Check this box if the or              | nons). You must co       | mplete Part IV, Section  | s A and D       | , and Part                                       | V.                                      | 1011114011092  |
|     | fı           | Unctionally integrated                | gariization received a   | written determination from ally integrated support   | m the IRS       | that it is a                                     | Type I Type II Typ                      | - UI   |
| f E | nter the     | e number of supported                 | or Type III non-function | onally integrated support  | ing organi      | zation.  | · · · · · · · · · · · · · · · · · · ·   | a III  |
| g F |              |                                       |                          |  |                 |  | •                                       |  |
|     | (i) Nai      | the following information             | ii) EIN                  | ed organization(s).  |                 |  | *************************************** | ·····  |
|     |              | organization                          | I III                    | (iii) Type of organization<br>(described on lines 1-10                                     | (iv) is the org | anization listed<br>ling.document?               | (v) Amount of monet                     | ary (vi) Amount of all   |
|     |              | · · · · · · · · · · · · · · · · · · · |                          | above (see instructions))  | Yes             | No   | support (see instruction                | ary (vi) Amount of other support (see instructions)  |
|     |              |                                       |                          |  |                 | <del>                                     </del> |   | , sapport (see instructions)   |
|     |              |                                       | <del> </del>             |  |                 |  |   | 1.1  |
|     |              |                                       |                          |  |                 | <b> </b>   |   |  |
|     |              |                                       | ļ                        |  |                 | ·  |   |  |
|     | ÷            |                                       |                          |  |                 |  |   |  |
|     |              |                                       |                          |  |                 |  |   |  |
|     |              |                                       |                          |  |                 |  |   |  |
|     |              |                                       |                          |  |                 |  |   |  |
|     |              |                                       |                          |  |                 |  |   |  |
|     |              |                                       |                          |  | }               | 1  |   |  |
| al  |              |                                       |                          |  |                 | 1  |   |  |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 58-2098168 Page 2 (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.)

| _       | ection A. Public Support   |                       |                     |                          |                     | -                   | <u>.</u>             |
|---------|--|-----------------------|---------------------|--------------------------|---------------------|---------------------|----------------------|
| U       | lendar year (or fiscal year beginning in)  | (a) 2015              | <b>(b)</b> 2016     | (0) 2017                 | T                   |                     |                      |
|         | Gifts, grants, contributions, and  |                       | 1-7-010             | (c) 2017                 | (d) 2018            | (e) 2019            | (f) Total            |
|         | membership fees received. (Do not  |                       |                     |                          |                     |                     |                      |
|         | include any "unusual grants.")   | 181,769.              | 250,637             | 164 927                  | 064 64-             |                     |                      |
| . 2     | 2 Tax revenues levied for the organ-   |                       | 1                   | 164,827.                 | 261,315             | 426,830             | 128537               |
| ٠       | ization's benefit and either paid to   |                       |                     |                          | 1.                  |                     |                      |
|         | or expended on its behalf  | 1                     |                     |                          | 1                   |                     |                      |
| 3       | The value of services or facilities  |                       | <del> </del>        | <del> </del>             | <u> </u>            |                     |                      |
|         | furnished by a governmental unit to  |                       |                     |                          |                     |                     |                      |
|         | the organization without charge  |                       |                     |                          | •                   |                     |                      |
| 4       | Total. Add lines 1 through 3   | 181,769.              | 250 627             | 164 00=                  |                     |                     |                      |
| .5      | The portion of total contributions   | 7,03                  | 230,637.            | 164,827.                 | 261,315.            | 426,830.            | 1285378              |
|         | by each person (other than a   |                       |                     |                          |                     |                     | 2203370              |
|         | governmental unit or publicly  |                       |                     |                          |                     |                     |                      |
|         | supported organization) included   |                       |                     |                          |                     |                     | ·                    |
|         | on line 1 that exceeds 2% of the   |                       |                     |                          |                     |                     |                      |
|         | amount shown on line 11,   |                       |                     |                          |                     |                     |                      |
|         | column (f)   |                       |                     |                          |                     |                     |                      |
| 6       | Public support. Subtract line 5 from line 4.   |                       |                     |                          |                     |                     | 86 100               |
| Sec     | ction B. Total Support   |                       |                     |                          |                     |                     | 86,498<br>1198880    |
|         | ndar year (or fiscal year beginning in)  | (a) 2015              |                     |                          |                     |                     | 1130000              |
| 7       | Amounts from line 4  | 181,769.              | (b) 2016            | (c) 2017                 | (d) 2018            | <b>(e)</b> 2019     | (6) T-+-1            |
| 8       | Gross income from interest,  | 101,709.              | 250,637.            | 164,827.                 | 261,315.            | 426,830.            | (f) Total<br>1285378 |
|         | dividends, payments received on  |                       |                     |                          |                     |                     | 1203378              |
|         | securities loans, rents, royalties,  |                       |                     |                          |                     |                     |                      |
|         | and income from similar sources  | :                     |                     |                          | .                   |                     |                      |
| 9       | Net income from unrelated business   |                       | 108.                | 637.                     | -3,294.             | 648.                | 1 001                |
| -       | activities, whether or not the   |                       |                     |                          |                     | 040.                | -1,901               |
|         | business is regularly carried on   |                       |                     |                          |                     |                     |                      |
| 0       | Other income. Do not include gain  |                       |                     |                          |                     | 1                   |                      |
| . ,     | or loss from the sale of capital   |                       |                     | 1                        |                     |                     |                      |
| ;       | assets (Explain in Part VI.)   |                       |                     | ·                        |                     |                     |                      |
| 1 .     | Total support. Add lines 7 through 10  |                       |                     | ·                        |                     |                     | *                    |
| 2 (     | Gross receipts from related activities, e  |                       |                     |                          |                     |                     | 1000455              |
| 3       | irst five years. If the Form 000 is fault  | tc. (see instructions | s)                  |                          |                     | 12                  | 1283477.             |
|         | irst five years. If the Form 990 is for the reganization, check this box and stop it   | ne organization's fi  | rst, second, third, | fourth, or fifth tax y   | ear as a section 5  | 01(0)(2)            | <del></del>          |
|         | ion C. Computation of Public   | Support Perce         | ntago               |                          |                     | 01(0)(0)            |                      |
| ٠ ٢     | Tublic support percentage for 2019 (line   | 6 column (0 11 to     |                     |                          |                     |                     |                      |
| F       | ublic support percentage from 2018 Significant Signifi | s o, column (1) divid | ed by line 11, colu | mn (f))                  | 1                   | 4                   | 93.41 %              |
| а З     | 3 1/3% support test - 2019 If the org  | oninatia di U         |                     |                          | 1                   | 5                   | 97 31                |
| S       | 3 1/3% support test - 2019. If the org<br>top here. The organization qualifies as<br>3 1/3% support test - 2018. If the org  | anization did not c   | heck the box on li  | ne 13, and line 14 is    | s 33 1/3% or more   | check this boy a    | 97.31 %              |
| b 3     | 3 1/3% support test - 2018 If the org  | a publicly supporte   | ed organization     |                          |                     | , oncor this box a  | na<br>⊾⊽             |
| a       | 3 1/3% support test - 2018. If the org   | anzanon did not cl    | neck a box on line  | 13 or 16a, and line      | 15 is 33 1/3% or    | more check this b   | <b>\</b> X           |
| a 11    | プルーTacts-and-circumstances test - つ  | 2010 16 46            |                     |                          |                     |                     |                      |
| aı      | 0% -facts-and-circumstances test - 2<br>and if the organization meets the "facts-a   | nd sire rest          | zation did not ched | ck a box on line 13,     | , 16a, or 16b. and  | line 14 is 10% as - | <b>P</b>             |
| 111     | eets the "facts-and-circumstances" too   | 4 The second          | ,                   | on and Stop nere,        | . Explain in Part ∨ | how the organi-     | 41                   |
| , , , , | /% -tacts-and-circumstances test _ 2   | 040 1541-             | 1 ( D. 1975)        | . A. 7. And bhoused olds | anization           |                     | 10H                  |
|         | organization meets the "   | facts and aller       |                     | wa box on mie 13,        | 10a, 100, or 17a.   | and line 15 is 100  | <b>-</b>             |
| •••     | Tanization   | racis-ariu-circumsta  | ances" test, check  | this box and ston        | here. Explain in    | Dart \/ ba45 -      | o OI                 |
| or      | gainzation meets the "facts-and-circum   | etanogoli + 🕶         |                     |                          |                     |                     |                      |
| or      | ganization meets the "facts and circum<br>ivate foundation. If the organization d  | stances" test. The    | organization qualit | ies as a publicly su     | ipported organizat  | tion                | F .                  |

Schedule A (Form 990 or 990 EZ) 2019 COMMUNITY MUSIC SCHOOL INC.

Part III Support Schedule 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 Part II. If the organization fails to

| Calendar year (or fiscal year beginning in)  | (a) 2015             | <b>(b)</b> 2016                                  | (-) 00-1-              | <del></del>  |                              |                     |
|--|----------------------|--|------------------------|--|------------------------------|---------------------|
| 1 Gifts, grants, contributions, and  | <u> </u>             | 10/2010  | (c) 2017               | (d) 2018   | (e) 2019                     | (f) To:             |
| membership fees received. (Do not  |                      |  |                        |  |                              | 1,7.10              |
| include any "unusual grants.")   |                      |  |                        |  |                              |                     |
| 2 Gross receipts from admissions,  |                      |  | <del></del>            |  |                              |                     |
| merchangise sold or continue   |                      | 7.36   | * **                   |  |                              | 45                  |
| formed, or facilities furnished in any activity that is related to the   |                      |  |                        |  |                              | 4                   |
| organization's tax-exempt purpose  |                      |  | 1                      |  |                              |                     |
| 3 Gross receipts from activities that  | <u> </u>             | <u> </u>   |                        |  |                              |                     |
| are not an unrelated trade or bus-   |                      |  |                        | <del> </del>   | +                            | <del> </del>        |
| iness under section 513  |                      |  |                        |  |                              |                     |
| 4 Tax revenues levied for the organ-   |                      |  |                        |  |                              |                     |
| ization's benefit and either paid to   | 1.                   |  |                        | <del> </del>   |                              |                     |
| or expended on its behalf  |                      | 1  |                        |  |                              | 1                   |
| 5 The value of consists and a sure   |                      |  |                        |  |                              |                     |
| value of services or facilities  | ]                    |  | <del> </del>           |  |                              |                     |
| furnished by a governmental unit to  |                      |  |                        |  |                              |                     |
| the organization without charge  |                      |  |                        |  |                              |                     |
| 6 Total. Add lines 1 through 5   |                      | <del>                                     </del> |                        |  | <u> </u>                     |                     |
| 7a Amounts included on lines 1, 2, and   |                      | <del> </del>                                     |                        |  |                              | <del></del>         |
| 3 received from disqualified persons   |                      | ł .  | 1                      |  |                              | <del></del>         |
| D Amounts included on lines 2 and 3 received   |                      | <del> </del>                                     |                        |  |                              |                     |
| from other than disqualified persons that  |                      |  |                        |  |                              |                     |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                      |  |                        |  |                              |                     |
| c Add lines 7a and 7b  |                      |  |                        |  |                              |                     |
| 8 Public support (Cubbrastille 7   |                      |  |                        |  |                              | <u> </u>            |
| Section B. Total Support   |                      |  |                        |  |                              |                     |
| Calendar year (or fiscal year beginning in)  | <del></del> ,        |  |                        |  |                              |                     |
| 9 Amounts from line 6  | (a) 2015             | <b>(b)</b> 2016                                  | (c) 2017               | (4) 0040   |                              |                     |
| 10a Gross income from interest,  |                      |  |                        | (d) 2018   | (e) 2019                     | (f) Total           |
| UIVIGENOS, Daymente roccined I   | 1                    |  |                        |  |                              |                     |
| Securities mans rente royalties  | 1                    | ŀ  | :                      |  |                              |                     |
| and income from similar sources  |                      | 11.  |                        |  |                              | -                   |
| b Unrelated business taxable income  |                      |  |                        |  |                              |                     |
| (less section 511 taxes) from businesses   |                      |  |                        |  | 1.                           |                     |
| acquired after June 30, 1975   |                      |  |                        | .  |                              | -                   |
| c Add lines 10a and 10b  |                      |  |                        |  |                              |                     |
|  |                      |  |                        |  |                              | 2.7                 |
| activities not included in line 10b, whether or not the business is  |                      |  |                        |  |                              |                     |
| regularly carried on   | •                    |  |                        |  |                              |                     |
| 12 Other income Do not include asia  |                      |  |                        |  |                              |                     |
| or loss from the sale of capital assets (Explain in Part VI.)  |                      |  |                        |  |                              | <del></del>         |
| Total Support, (Add lines 9 100 11 and 40)   |                      |  |                        |  |                              |                     |
| 14 First five years If the Form 200  | <u>l</u>             |  |                        |  |                              |                     |
| 14 First five years. If the Form 990 is for the check this box and stop here   | e organization's fi  | rst, second, third, i                            | ourth, or fifth tay w  | Par as a saetie  | 1                            |                     |
| Section C. Computation of Public S   |                      | *************************                        | y                      | ogi as a section 50  | 11(c)(3) organization        | n,                  |
| 15 Public support posses   | oupport Perce        | entage   |                        |  |                              |                     |
| Public support percentage for 2019 (line Public support percentage from 2018 So  | 8, column (f), divid | ded by line 13, colu                             | Imn (fl)               |  |                              |                     |
| 16 Public support percentage from 2018 Sc<br>Section D. Computation of Invest-   | hedule A, Part III,  | line 15  |                        |  |                              | g                   |
|  | ient incomo D        |  |                        |  |                              | 9                   |
| mission income percentage for 2010   | /line 10             |  | 3 column (a)           |  |                              |                     |
| Investment income percentage from 201  | 8 Schedule A, Par    | t III, line 17                                   | o, column (f))         |  |                              | 9                   |
| COT 13-3 1/ 69/- Ottom and 1   | oni-alla e e e       |  | no 14                  | 18   |                              | 9                   |
| The property of the property o | top here. The ora    | anization avele                                  | 14, and line 15 i      | s more than 33 1/  | 3%, and line 17 is r         | /<br>not            |
| more than 33 1/3%, check this box and  | - Oly                |  | as a publicity supplic | ITTED Organization   |                              | · •                 |
| more than 33 1/3%, check this box and s b 33 1/3% support tests - 2018. If the are   | am!                  | hook a hours                                     |                        |  |                              |                     |
| more than 33 1/3%, check this box and s b 33 1/3% support tests - 2018. If the orgaline 18 is not more than 33 1/3% check the  | anization did not o  | TOOK & DOX ON INTE                               | 14 or line 19a, and    | I line 16 is more th   | an 33 1/3% and               |                     |
| more than 33 1/3%, check this box and s b 33 1/3% support tests - 2018. If the orgaline 18 is not more than 33 1/3% check the  | anization did not o  | TOOK & DOX ON INTE                               | 14 or line 19a, and    | I line 16 is more thought of the supported t | an 33 1/3%, and organization |                     |
| more than 33 1/3%, check this box and  | anization did not o  | TOOK & DOX ON INTE                               | 14 or line 19a, and    | I line 16 is more thoughted<br>x and see instruct  | an 33 1/3%, and organization | ····· <b>&gt;</b> 🗀 |

#### **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

- 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.
- 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 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
- 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)
- 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?
- 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
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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.
- 10a 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 За 3b 4a 4b 5a 5b 5c 6 R 9a 9b 9c 10a

| 5        | Schedule A (Form 900 av 900 s v v v   | * .             |
|----------|---|-----------------|
|          | Schedule A (Form 990 or 990-E-2) 2019 COMMUNITY MUSIC SCHOOL INC.  Part IV Supporting Organizations (continued)   | FQ 20004.45     |
|          | (continued)   | 58-2098168 Pag  |
| . 1      | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls either along area.  | <del></del>     |
|          | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  | Yes             |
|          | below, the governing body of a supported organization?  b A family member of a page.  |                 |
|          | A railily member of a person described  |                 |
| · =      | c A 35% controlled entity of a person described in (a) and (b)  | 11a             |
| 2        | 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.   | 11b             |
|          |   |                 |
|          | - I will directors, trustees or membership of   | Yes N           |
| ٠        | 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 or trustees at all times during the  | 7.00            |
|          | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or describe how the  |                 |
|          | 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.   |                 |
|          | Sescribe flow the powers to appoint and/a   |                 |
| 2        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  |                 |
| -        | - a die organization operate for the harmonia.  | 1               |
|          | Port VI   |                 |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in supervised, or controlled the purposes of the supported organization(s) that operated, ction C. Type II Supporting organization.   |                 |
| Se       | SUDERVISED Or controlled it   |                 |
| <u> </u> | ction C. Type II Supporting Organization.   | 2               |
| • 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 directors or trustees during the tax year also a majority of the directors  | Yes No          |
|          | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |                 |
|          |   |                 |
| Sec      | etion D. All Type III Supporting Organizations  | 1               |
| 4.       |   | <u>-</u>        |
|          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  | Yes No          |
|          | organization's tax year, (i) a written notice describing the type and are   | Yes No          |
|          | year, (ii) a copy of the Form 990 that was most an ount of support provided during the prior toy  |                 |
| _        | organization's governing documents in office is a final and all of notification, and (iii) copies of the  |                 |
| 2        | were any of the organization's officers disease.  | 1               |
|          | organization(s) or (ii) serving on the governing bedue to   |                 |
| •        | the organization maintained a plant with the organization? If "No." explain in Part VI.   |                 |
| 3        | by reason of the relationship described in (0) at the   | 2               |
|          | significant voice in the organization's investment of supported organizations have a  |                 |
|          | income or assets at all times during the tax year? If the and in directing the use of the organization's  |                 |
|          | SUpported arranges to the second state of the |                 |
| -        | ion E. Type III Functionally Integrated Supporting O  | 3               |
| ı<br>a   |   |                 |
| þ.       | The organization satisfied the Activities Test. Complete line 2 below.  | tions).         |
|          | The organization is the parent of seek of the   |                 |
| C        | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (second substantially all of the organizations each visit supported a government entity (second substantially all of the organizations entity).   |                 |
| 2 . /    | Activities Test. Answer (a) and (b) below.  | e instructions) |
| a L      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  | Yes No          |
| t        | the supported organizations and explain how these activities directly further the exempt purposes of those supported organizations and explain how these activities directly for the in Part VI identify  | 165 NO          |
| τ        | nose supported organizations and explain /  |                 |
| n        | Ow the organization was responsive to those sures.  |                 |
| u        | lat these activities constituted substantially a substantially and the organization determined  |                 |
| ט פ      | id the activities described in (a) annuting   | 20              |
| O        | the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |                 |
| re       | asons for the organization's position that its sures.   |                 |
| ac       | Tivities but for the organization's involvement   | 100             |
| Pa       | arent of Supported Organizations, Angus (1)   | Ot-             |
|          | Signification have the nower to regularly   | 2b              |
| tru      | d the organization have the power to regularly appoint or elect a majority of the officers, directors, or difference a substantial decrease of each of the supported organizations? Provide details in Part VI.   | 1.0             |
| ) Die    | the organization exercise a substantial de-   |                 |
|          |   |                 |
|          | the organization exercise a substantial degree of direction over the policies, programs, and activities of each<br>its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.   | 3a              |

| Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY MUSIC SCHOOL Type III Non-Functionally Integrated 509(a)(3) Supporting Office of the Integral Part Test as a qual other Type III non-functionally integrated supporting organizations must Section A - Adjusted Net Income | rtina O          | lizotio-               | 58-2098168 p           |
|---|------------------|------------------------|------------------------|
| other Type III pop function is a satisfied the integral Part Test as a qua  | if vine to       | iizations              |                        |
| So-:  | "'y" ig trust on | Nov. 20, 1970 (explain | in Part V/IV Consister |
| other Type III non-functionally integrated supporting organizations must Section A - Adjusted Net Income  | complete Se      | ctions A through E.    | See Instruction        |
| 1 Net short-term capital gain   |                  |                        |                        |
| 2 Recoveries of min   |                  | (A) Prior Year         | (B) Current Year       |
|   |                  |                        | (optional)             |
| other gross income (see instructions)   | 2                |                        |                        |
| Add lines 1 through 3.  | 3                |                        |                        |
| Sepreciation and depletion  | 4                |                        |                        |
| . Ortion of operating expenses poid   | 5                |                        |                        |
| collection of gross income or for management, conservation, or maintenance of property held for production.   |                  |                        |                        |
| maintenance of property held for production of income (see instructions)  | 1 1              | and the second of      |                        |
| 7 Other expenses (see instructions)   | _ 6              |                        |                        |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 7                | <del></del>            |                        |
| ection P. As:   | 8                |                        |                        |
| ection B - Minimum Asset Amount   |                  |                        |                        |
| Aggregate fair market value of the  |                  | (A) Prior Year         | (B) Current Year       |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or seed to  | -                | vy nor rear            | (optional)             |
| instructions for short tax year or assets held for part of year):  a Average monthly value of securities  |                  |                        | ( Fishial)             |
| b Average monthly cash balances   |                  |                        |                        |
| C Fair market years of balances   | 1a               |                        |                        |
| c Fair market value of other non-exempt-use assets  | 1b               |                        | <del> </del>           |
| (mico (d. II) and (a)   | 1c               |                        | <del> </del>           |
| Discount claimed for blockage or other  | 1d               |                        |                        |
| - tectors (explain in detail in Part VIII)  |                  |                        |                        |
| Acquisition indebtedness applicable to  |                  |                        |                        |
| Subtract line 2 from line 1d.   | 2                |                        |                        |
| Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).   | 3                |                        |                        |
| see instructions).  | T-1              |                        |                        |
| Net value of non-exempt-use assets (out-  | 4                |                        |                        |
|   | 5                |                        |                        |
| Recoveries of prior-year distributions  | 6                |                        |                        |
| Minimum Asset Amount (add line 7 to line 6)   | 7                |                        |                        |
| on C - Dietary  | 8                |                        |                        |
| on C - Distributable Amount   | 1 9              |                        |                        |
| Adjusted net income for prior year (f   |                  |                        |                        |
| Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1.   | T                |                        | Current Year           |
| Minimum asset amount for principle  | 1                |                        |                        |
| Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3.  | 2                |                        |                        |
| Income tax imposed in prior year  | 3                |                        |                        |
| Distributable America Co  | 4                |                        |                        |
| Distributable Amount. Subtract line 5 from line 4, unless subject to  | 5                |                        |                        |
| emergency temporary reduction (see instructions).   |                  |                        |                        |
| Check here if the current year is the organization's first as a non-functionally in instructions).  | 6                |                        | •                      |
| instructions).  | tegrated Type    | III ours a di          |                        |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY M   | E00/-1/0) a  | <u> </u>                   | EO 000                           |
|--|--|----------------------------|----------------------------------|
| Section D - Distributions  | Supporting Or  | nanization                 | 58-2098168 F                     |
| Amounts paid to supported organization   | <del></del>  | garrizations (continued,   |                                  |
| 2 Amounts paid to perform activity that directly further   |  | Current Year               |                                  |
| Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity  Administration. | empt purposes of supported   |                            |                                  |
| 3 Administrative expenses paid to accomplish   |  |                            |                                  |
| Amounts paid to acquire exempt-use assets     Qualified extractions  | poses of supported organizatio   | ns                         | <del></del>                      |
| Gualified set-aside amounts (prior IDC   | - <del></del>  |                            | <del></del>                      |
| Thousand the scripe in Dark VIV o  |  |                            |                                  |
|  |  |                            | <del></del>                      |
| ations to attentive supported organic  |  |                            |                                  |
| (provide details in Part VI). See instructions.  | h the organization is responsive   |                            | ļ                                |
| Distributable amount for 2019 from Seation Co.   | <del></del>  | ·                          |                                  |
| Line 8 amount divided by line 9 amount   |  |                            |                                  |
|  |  |                            |                                  |
| ection E - Distribution Allocations (see instructions)   | (i)  | (ii)                       |                                  |
|  | Excess Distributions   | (ii)<br>Underdistributions | (iii)                            |
| Distributable amount for 2019 from Section C, line 6   |  | Pre-2019                   | Distributable<br>Amount for 2019 |
| Tally for yours miles to a   | The state of the s |                            | 74110dill 101 2019               |
|  | Carrier State Control of the Control   |                            | A LONG                           |
| The colors of the color  |  |                            |                                  |
| a From 2014  |  |                            |                                  |
| <b>b</b> From 2015   | 54   |                            |                                  |
| c From 2016  | 100  |                            |                                  |
| d From 2017  | and the second   |                            |                                  |
| From 2018  | and the second second second second  |                            |                                  |
| Total of lines 3a through e  | and the second second  |                            |                                  |
| Applied to underdistributions of prior years   |  |                            |                                  |
| Applied to 2019 distributable amount   | 100  |                            |                                  |
| Carryover from 2014 not applied (see instructions)   | And the second second second second  |                            |                                  |
| Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  |                            |                                  |
| Distributions for 2019 from Section D,   |  |                            |                                  |
| line 7:  | Transcore and Spinese  |                            |                                  |
| Applied to underdistributions of prior years   |  |                            |                                  |
| Applied to 2019 distributable amount   |  |                            |                                  |
| Remainder. Subtract lines 4a and 4b from 4.  | The Control of the Co |                            |                                  |
| Remaining underdistributions for years prior to 2019, if   |  |                            |                                  |
| any. Subtract lines 3g and 4a from line 2. For result greater  | 4  |                            |                                  |
| than zero, explain in Part VI. See instructions.   | All the Control of th |                            |                                  |
| Remaining underdistributions for 2016  |  |                            |                                  |
| Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater lines.                       |  | 1 1                        |                                  |
| and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                                      |  |                            |                                  |
| Excess distributions corporate   |  |                            |                                  |
| Excess distributions carryover to 2020. Add lines 3j and 4c.   |  |                            | · ·                              |
| Breakdown of line 7:   |  |                            |                                  |
| Excess from 2015   |  |                            |                                  |
| Excess from 2016   |  |                            |                                  |
| Excess from 2017   |  |                            |                                  |
| Excess from 2018   |  |                            |                                  |

e Excess from 2019

### 58-2098168

Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name                                 | Total<br>Contributions | Excess<br>Contribution |
|--|------------------------|------------------------|
| JOHN WILLIAM POPE FOUNDATION                       | 32,500.                |                        |
| A.J. FLETCHER FOUNDATION                           |                        | 6,8                    |
| JOHN REX ENDOWMENT                                 | 51,225.                | 25,5                   |
|  | 79,783.                | 54,1                   |
|  |                        |                        |
|  |                        |                        |
|  |                        |                        |
|  |                        |                        |
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|  |                        |                        |
|  |                        |                        |
|  |                        | ,                      |
|  |                        |                        |
| xcess Contributions to Schedule A, Part II, Line 5 |                        |                        |

### 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

2019

COMMUNITY MUSIC SCHOOL INC.

Employer identification number

| 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 <b>not</b>  | reated as a private format of  |
| 527 political organization  | a private foundation   |
| Form 990-PF 501(c)(3) exempt private foundation   |  |
| 4947(a)(1) nonexempt charitable trust treate  | d as a private foundation  |
| 501(c)(3) taxable private foundation  | Production   |
| Check if your organization is covered by the General Rule or a Special Rule.  Note: Only a section 501(c)(7), (8), or (10) propries.  |  |
| General Rule  For an organization filing Form coo. see the second control of the second             |  |
| property) from any one contributor. Complete Parts I and II. See instructions Special Rules   | ons for determining a contributor's total contributions.   |
| For an organization described in section 501(c)(3) filing Form 990 or 990-1 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 any one contributor, during the year, total contributions of the greater of 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 99 year, total contributions of more than \$1,000 exclusively for religious, charprevention of cruelty to children or animals. Complete Parts I, II, and III.  | (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 99 year, contributions exclusively for religious, charitable, etc., purposes, but is checked, enter here the total contributions that were received during the purpose. Don't complete any of the parts unless the <b>General Rule</b> applies religious, charitable, etc., contributions totaling \$5,000 or more during the y <b>Caution:</b> An organization that isn't covered by the General Rule and/or the Special Rule it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line Form 1900, 990-EZ, can be a second of the special Rule and 1900, 990-EZ, can be a second or the special Rule and 1900, 990-EZ, can be | 0 or 990-EZ that received from any one contributor, during the no such contributions totaled more than \$1,000. If this box year for an exclusively religious, charitable, etc., to this organization because it received nonexclusively ear |

COMMUNITY MUSIC SCHOOL INC.

| ⊏mploye | r identification nu | mk |
|---------|---------------------|----|
| F0.     |                     |    |

| Pa             | Contributors (see instructions). Use duplicate copies of Part I if a |                            | 58-2098168  |
|----------------|--|----------------------------|---|
| (á<br>         | b) (b) Name, address, and ZIP + 4                                    | dditional space is needed. |   |
|                | 1 CITY OF RALEIGH ARTS COMMISSION                                    | Total contributions        | (d) Type of contribution                              |
|                | P.O. BOX 590   |                            | Person X<br>Payroll                                   |
|                | RALEIGH, NC 27602  | <b>41,36</b>               | Noncash (Complete Part II for                         |
| (a)<br>No.     | (1)  | (c)                        | noncash contributions.)                               |
| 2              |  | Total contributions        | (d) Type of contribution                              |
|                | 410 GLENWOOD AVE, STE 170  |                            | Person X<br>Payroll                                   |
| · .            | RALEIGH, NC 27603  | \$14,479                   | Noncash  (Complete Part II for                        |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                    | (c)                        | noncash contributions.)                               |
| 3              | A.J. FLETCHER FOUNDATION   | Total contributions        | (d) Type of contribution                              |
|                | 909 GLENWOOD AVE.  | _   \$ 16.225              | Person X<br>Payroll                                   |
|                | RALEIGH, NC 27605  | 16,225                     | (Complete Part II for                                 |
| (a)<br>No      | (b) Name, address, and ZIP + 4                                       | (c)                        | noncash contributions.)                               |
| 4              | ASHA & SAJJAN AGARWAL FOUNDATION                                     | Total contributions        | Type of contribution                                  |
|                | 1330 SUNDAY DR., SUITE 105   | _   \$15,000.              | Person X Payroll                                      |
| -              | RALEIGH, NC 27607  |                            | Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                    | (c)                        | (d)   |
| 5              | JOHN REX ENDOWMENT   | Total contributions        | Type of contribution                                  |
| .              | 712 WEST NORTH STREET  | \$                         | Person X<br>Payroll                                   |
|                | RALEIGH, NC 27603  | 73,763.                    | Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                    | (c)                        | (d)   |
|                | JOHN WILLIAM POPE FOUNDATION   | Total contributions        | Type of contribution                                  |
|                | 4601 SIX FORKS ROAD, SUITE 300                                       | \$12,500.                  | Person X Payroll                                      |
| 23452 11-06-19 | RALEIGH, NC 27609  |                            | Noncash (Complete Part II for noncash contributions.) |
| 1/105 1        | F24.02   | Schedule B (Form 9         | 20.000 ==   |

# COMMUNITY MUSIC SCHOOL INC.

Employer identification number

| 5 | 8 |   | 2 | 0 | 9 | 8 | 1 | 6 | 8 |  |
|---|---|---|---|---|---|---|---|---|---|--|
|   | _ | _ |   |   | _ | • | _ | • | v |  |

| Fari       | (see instructions). Use duplicate copies of Part I | l if addition |                     | 58-2098168                                  |
|------------|--|---------------|---------------------|---|
| (a)<br>No. | (D)  |               | T                   |   |
|            | Name, address, and ZIP + 4                         |               | (c)                 | (d)   |
| 7          | RUGGERO PIANA                                      |               | Total contributions | Type of contributi                          |
|            | AMATI  | i             | 1.                  |   |
|            | 4720-120 KARGROOM                                  |               |                     | Person                                      |
|            | 4720-120 HARGROVE ROAD                             |               | -                   | Payroll                                     |
|            | RALETCH  |               | \$12,00             | ∩   |
|            | RALEIGH, NC 27616                                  | , .           |                     |   |
| (a)        |  |               |                     | (Complete Part II for noncash contributions |
| No.        | (b)  |               |                     | STATE OF THE DATIONS                        |
|            | Name, address, and ZIP + 4                         |               | (c)                 |   |
| 8          |  |               | Total contributions | (d)   |
|            | PATRICIA SMITH                                     | · ·           |                     | Type of contributio                         |
| . 1        | 2710   |               |                     |   |
| .*         | 3712 WILLIAM J COWAN WYND                          |               |                     | Person                                      |
|            |  |               | \$26,000            | Payroll Noncash X                           |
|            | RALEIGH, NC 27612                                  |               | 700                 | - 1 21                                      |
|            |  | 1             |                     | (Complete Part II for                       |
| (a)        | (b)  |               |                     | noncash contributions.)                     |
| No.        | Name, address, and ZIP + 4                         |               | (c)                 |   |
| •          |  |               | Total contributions | (d)   |
| 9          | JANICE CARLTON                                     |               | o ona loutions      | Type of contribution                        |
|            |  |               | •                   |   |
|            | 209 CLAFLIN CT.                                    |               |                     | Person                                      |
|            |  | \$            | 9,500.              | Payroli                                     |
|            | RALEIGH, NC 27614                                  | *             | <u> </u>            | _   |
|            | 27013  |               | •                   | (Complete Part II for                       |
| (a)        |  |               |                     | noncash contributions.)                     |
| No.        | Name address a true                                |               | (c)                 |   |
| 1          | Name, address, and ZIP + 4                         |               | Total contributions | (d)   |
|            |  |               | 2 Contributions     | Type of contribution                        |
|            |  |               |                     |   |
| ľ          |  |               |                     | Person                                      |
| . 1.       |  | _   \$        |                     | Payroll                                     |
|            |  | —   °-        |                     | Noncash                                     |
|            |  | - 1           |                     | (Complete Part II for                       |
| (a)        |  | 7             |                     | noncash contributions.)                     |
| No.        | (b)  |               |                     | <u></u>                                     |
|            | Name, address, and ZIP + 4                         |               | (c)                 | (d)   |
| _          |  |               | Total contributions | Type of contribution                        |
| . [ ]      |  | 1             |                     |   |
|            |  | <del></del>   |                     | Person                                      |
| -          |  |               |                     | Payroll                                     |
| - I        |  | \$            | <del></del>         | Noncash                                     |
| _   -      |  |               |                     | (Complete Part II for                       |
| )          |  |               |                     | noncash contributions.)                     |
| o.         | (b)  |               |                     |   |
|            | Name, address, and ZIP + 4                         | .             | (c)                 | (d)   |
|            |  |               | otal contributions  | Type of contribution                        |
| -   -      |  |               | . 1                 |   |
| -          |  |               | ļ                   | Person                                      |
| -          |  | 1.            | 1                   | Payroli                                     |
| 1          |  | _   \$        |                     | Noncash                                     |
| 11-06-19   |  |               |                     | Complete Part II for                        |
| 11-06-19   |  |               | }                   | noncash contributions.)                     |
|            |  |               |                     |   |

Employer identification number

# COMMUNITY MUSIC SCHOOL INC.

| Part                  | Noticash Property (see instructions). Use duplicate copies of F | Don't Hill Committee                      | 58        | -2098168             |
|-----------------------|---|---|-----------|----------------------|
| (a)                   | Noncash Property (see instructions). Use duplicate copies of F  | ਰਕਾਨ।। if additional space is ne          | eded.     |                      |
| No.<br>from<br>Part I | (b)   | (c)<br>FMV (or esti                       | mate)     | (d)                  |
| 7                     | 5 PIANOS AND ACCESSORIES FOR PIANO LAB                          | (See instruct                             | ions.)    | Date received        |
|                       |   |   |           |                      |
| (a)                   |   | \$12                                      | ,000.     | 10/01/19             |
| No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estin                      | nate)     | (d)                  |
| 8                     | BALDWIN GRAND PIANO   | (See instruction                          | ons.)     | Date received        |
|                       |   |   |           |                      |
| (a)<br>No.            |   | \$\$,                                     | 000.      | 07/08/19             |
| from<br>Part I        | (b)  Description of noncash property given                      | (c) FMV (or estima (See instruction       | ate)      | (d)<br>Date received |
| 9                     | KAWAI PIANO   |   | 10.)      |                      |
|                       |   |   |           |                      |
| (a)<br>No.            |   | \$9,                                      | 500.      | 07/08/19             |
| from<br>Part I        | (b) Description of noncash property given                       | (c) FMV (or estimat                       | e)<br>s.) | (d)<br>Date received |
|                       |   |   |           |                      |
| (a)<br>No.            |   | \$  |           |                      |
| om<br>art I           | (b)  Description of noncash property given                      | (c) FMV (or estimate (See instructions.)  | )         | (d)<br>Date received |
|                       |   | -   |           |                      |
| 1)                    |   | \$  | -         |                      |
| o.<br>m<br>t I        | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions.) |           | (d)<br>Date received |
| -   -                 |   |   |           |                      |
| 11-06-19              |   | \$  | İ         |                      |

Name of organization

|         |                | _ rage |
|---------|----------------|--------|
| mployer | identification | number |

| art III        | ITY MUSIC SCHOOL INC                                 | •  | ion 501(c)(7), (8), or (10) that total more than \$1,000 for the property of th |
|----------------|--|--|---|
| -              | from any one sent it charitable, etc., cor           | tributions to organizati   | 58-2000153  |
|                | completing Part III, enter the total of evaluation   | ons (a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or lesional space is needed.  | ion 501(c)(7), (8), or (10) that total mars the   |
|                | Use duplicate copies of Part III is additionally     | pious, charitable, etc., contributions of \$1,000 or lea   | For organizations   |
| a) No.         | apido orr art ill il addit                           | ional space is needed.   | s for the year. (Enter this info. once.)  |
| from<br>Part I | (b) Purpose of gift                                  |  |   |
| - L            | , apose of gift                                      | (c) Use of gift  |   |
|                |  | - Joseph Grand   | (d) Description of how gift is held   |
|                |  |  | - I now girt is neig  |
| _   -          |  |  | -   |
|                |  |  |   |
| -              |  |  |   |
| [              |  |  |   |
| - 1            |  | (e) Transfer of gift   |   |
| 1              |  |  |   |
| ·              | Transferee's name, addres                            | S. and ZID . A   |   |
| -              |  | ) wid Ell T 4  | Relationship of trans   |
| 1 _            |  |  | Relationship of transferor to transferee  |
| 1              |  |  |   |
| -              |  |  |   |
| No.            |  |  |   |
| om             | (b) D.   |  | (李)   |
| rt I           | (b) Purpose of gift                                  | (a) Una - 4  |   |
| - 1 -          |  | (c) Use of gift  | (d) Description of t  |
| -              |  |  | (d) Description of how gift is held   |
| -   -          |  |  |   |
| ·   -          |  |  |   |
| : <b> </b>     |  | ·  |   |
|                |  |  |   |
| -              |  | (e) Transfer of gift   |   |
| .1             |  | the contract of the contract o |   |
|                | Transferee's name, address,                          | and 710  |   |
| · I            |  | and ZIP + 4  | Relationalia  |
|                |  |  | Relationship of transferor to transferee  |
|                |  |  |   |
| ·   —          |  |  |   |
| <del></del>    |  |  |   |
| o.             | 42.5   |  |   |
|                | (b) Purpose of gift                                  | (0)11-   |   |
|                |  | (c) Use of gift  | (d) Description of how gift is held   |
|                |  |  | short of flow gift is held  |
| -              |  |  |   |
|                |  |  |   |
|                |  | <del></del>  |   |
| - 1            |  |  |   |
|                |  | (e) Transfer of gift   |   |
| 1              |  |  |   |
| <b> </b>       | Transferee's name, address, ar                       | nd 7ID . 4   |   |
| ·              | u  | Re   | lationship of transferre  |
|                |  |  | lationship of transferor to transferee  |
|                |  |  |   |
|                |  |  |   |
| 1              |  |  |   |
| -              |  |  |   |
|                | (b) D  |  |   |
|                | (b) Purpose of gift                                  | (c) Hoo of visi  |   |
|                | (b) Purpose of gift                                  | (c) Use of gift  | (d) Description of how side   |
|                | (b) Purpose of gift                                  | (c) Use of gift  | (d) Description of how gift is held   |
|                | (b) Purpose of gift                                  | (c) Use of gift  | (d) Description of how gift is held   |
|                | (b) Purpose of gift                                  | (c) Use of gift  | (d) Description of how gift is held   |
|                | (b) Purpose of gift                                  | (c) Use of gift  | (d) Description of how gift is held   |
|                | (b) Purpose of gift                                  | (c) Use of gift  | (d) Description of how gift is held   |
|                | (b) Purpose of gift                                  |  | (d) Description of how gift is held   |
|                |  | (e) Transfer of gift   | (d) Description of how gift is held   |
|                |  | (e) Transfer of gift   |   |
|                | (b) Purpose of gift  Transferee's name, address, and | (e) Transfer of gift   |   |
|                |  | (e) Transfer of gift   | (d) Description of how gift is held tionship of transferor to transferee  |
|                |  | (e) Transfer of gift   |   |
|                |  | (e) Transfer of gift   |   |
|                |  | (e) Transfer of gift   |   |
| -19            |  | (e) Transfer of gift   |   |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

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

Attach to Form 990

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

OMB No. 1545-0047 Inspection

COMMUNITY MUSIC SCHOOL INC.

Employer identification number

| -     | organization answered "Yes" on Form 990, Part IV,  | ed Funds or Other Similar Funds or Accounts  |
|-------|--|--|
|       | 1 cs of Form 990, Part IV,   | ed Funds or Other Similar Funds or Accounts. Complete if the   |
|       | 1 Total number at end of year  | (a) Donor advised funds  |
|       | Aggregate value of contributions to discontinuities  | (b) Fullds and other accounts  |
|       | 3 Aggregate value of grounds to (during year)  |  |
| ٠.    | Aggregate value of grants from (during year)      Aggregate value at end of year   |  |
| . ,   | 4 Aggregate value at end of year 5 Did the organization inform all donors and the organization inform all donors and the organization inform all donors and the organization inform all donors and the organization information in the organization information in the organization information in the organization   |
|       | <ul> <li>Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's</li> <li>Did the organization inform all</li> </ul>   | Modeling II  |
|       | 6 Did the organization's property, subject to the organization's   | writing that the assets held in donor advised funds  |
| ं     | are the organization's property, subject to the organization's  Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor of impermissible private benefits.  | exclusive legal control?   |
|       | Tor charitable purposes and not for the benefit of the   | dvisors in writing that grant funds can be used only.  |
| 10    | for charitable purposes and not for the benefit of the donor of impermissible private benefit?  Conservation Fasements   | r donor advisor, or for any other purpose conforming   |
| -     |  |  |
| 1     | Purpose(s) of conservation easements held by the organization  Preservation of land for public use (for example recent   | ganization answered "Yes" on Form 990, Part IV III.  |
|       | Preservation of land for public use (for example, recreating Protection of natural habitat   | on (check all that apply).   |
|       | Protection of natural habitat  |  |
|       | Preservation of ananan   | p Practically important land area  |
| 2     | Complete lines 20 three lines 20 thr | Preservation of a certified historic structure   |
|       | day of the tay year  | ed conservation contribution in the form of a conservation easement on the las   |
|       | a Total number of any  | so conservation contribution in the form of a conservation exponent  |
| ь     | a Total number of conservation easements   | Held at the Fad of the   |
| _     | Total acreage restricted by concentration  | Held at the End of the Tax  2a   |
|       | The conservation easements are   | ***************************************  |
| d     | The state of collection parameters in the state of the st | risio included in (a)  |
|       | listed in the National Register  | er 7/25/06, and not on a historia  |
| 3     | Number of conservation easements modified  | sed, extinguished, or terminated by the organization during the tax  |
|       | year > year  | sed, extinguished or terminated by   |
| 4     | Number of states where   | of terminated by the organization during the tax   |
| 5     | Number of states where property subject to conservation easer<br>Does the organization have a written policy regarding the   | ment is located .  |
|       | Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it by   | dic monitoring in  |
| }     | violations, and enforcement of the conservation easements it has Staff and volunteer hours devoted to  | olde?  |
| •     | otali and volunteer hours devoted to monitoring, inspecting be   | out the same of th |
|       |  | olds?  Indling of violations, and enforcing conservation easements during the year   |
| •     | Amount of expenses incurred in monitoring inspecting to  | of violations, and enforcing conservation easements during the year  |
|       | S  | of violations, and enforcing conservation accompany  |
|       | Does each conservation easement reported on line 2(d) above sand section 170(h)(4)(B)(ii)?   | during the year  |
| -     | and section 170(h)(4)(B)(ii)?  | atisfy the requirements of section 170/b/4/2019  |
| ł     | In Part XIII, describe how the organization  | Assay the requirements of section 170(h)(4)(B)(i)  |
| i     | In Part XIII, describe how the organization reports conservation e balance sheet, and include, if applicable, the text of the footnote organization's accounting to  | asements in its revenue and owners.  |
| _ (   | organization's accounting of   | to the organization's fire   |
| n     | balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  Organizations Maintaining College.  | statements that describes the  |
| - 100 |  |  |
| If    | Complete if the organization answered "Yes" on Form 990 of the organization elected, as permitted under 5000.  | t, Historical Treasures, or Other Similar Assets.  |
| 11    |  |  |
| 0     | of the organization elected, as permitted under FASB ASC 958, not art, historical treasures, or other similar assets held for public elected, provide in Part XIII the text of the footnote to its financial of the organization elected, as permitted.  | of to report in its revenue statement and halance chart  |
| S     | service, provide in Part XIII the text of the footnote to its financial in the organization elected, as permitted under FASB ASC 958 to  | xhibition, education, or research in furthereses   |
| lf    | the organization elected, as permitted under FASB ASC 958, to provide the following amounts relating to the collection of the following amounts relating to the collections of the collection of | statements that describes these items  |
| ar    | rt, historical treasures, or other similar under FASB ASC 958, to  | report in its revenue statement and the  |
| pr    | rovide the following amounts relative  | pition, education, or research in a substance sheet works of   |
| (i)   |  | of research in furtherance of public service,  |
|       | Assota in all the second secon |  |
| if +  | / Pools included in Form and in  | <b>▶</b> \$_   |
|       | organization received or held works at   | ***************************************  |
| ri 16 |  |  |
|       | e following amounts required to be reported under FASB ASC 95<br>evenue included on Form 990, Part VIII, line 1  | 8 relating to these items:   |
| Re    | ,  |  |
| As:   | isets included in Form 990, Part X   |  |
| As:   | evenue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X  r Paperwork Reduction Act Notice, see the Instructions for Fo  | \$   |

| Part III Organizations Maintainin  3 Using the organization's acquisition, accodlection items (check all that apply):   | NITY MUSIC                              | SCHOOL IN                               | IC.                                     |                  |              |               | <b>.</b>      |           |  |
|---|---|---|---|------------------|--------------|---------------|---------------|-----------|--|
| 3 Using the organization's acquisition, according to the collection items (check all that apply):  a Public exhibition  | e collections of                        | Art, Historical                         | Treasu                                  | ires, or C       | thor 6       | ina il        | 58-209        | 816       | 8  |
| collection items (check all that apply)   | ession, and other rec                   | ords, check any of                      | the follow                              | ving that me     | uler 3       | imilar        | Assets        | (cont     | inueo  |
| a Public exhibition   |   |   |   | mig wat ma       | ike signi    | ficant u      | se of its     |           | -  |
| b Scholarly research  |   |   |   | e program        |              |               |               |           |  |
| C Preservation for future   |   | t    ()ther                             |   |                  |              |               |               |           |  |
| Toride a description of the   |   | _                                       |   |                  |              |               | ·             |           |  |
| 5 During the year, did the organization solitation  | s collections and exp                   | lain how they furth                     | er the oro                              | anization's      | 11. 5. 34    |               |               |           |  |
| Provide a description of the organization  During the year, did the organization solid to be sold to raise funds rather than to be  Part V Escrow and Custodial A | or receive donation                     | ns of art, historical t                 | reasures                                | Or Othor sin     | exempt       | purpose       | in Part XII   | 1.        |  |
| Part IV Escrow and Custodial Arra reported an amount on Form 990,  1a Is the organization an agent, trustee, cust   | maintained as part o                    | of the organization's                   | S Collectio                             | n?               | nılar assı   | ets           |               |           |  |
| roported an amount on Farm one  |   | ibiata il lua ulucuia                   | otio                                    |                  | ······       |               | \             | ⁄es       |  |
| 1a Is the organization an agent, trustee, cust on Form 990, Part X?  b If "Yes," explain the arrangement in Form 990,   | - art A, iine 21.                       |   |   | wored tes        | on Forr      | n 990, I      | Part IV, line | 9, or     |  |
| on Form 990, Part X2  | and of other littelly                   | ediary for contributi                   | ions or ot                              | her seest        |              | <del></del> - |               |           |  |
| on Form 990, Part X?  b If "Yes," explain the arrangement in Part X   | *************************************** | *************************************** |   | i ei assets n    | ot includ    | ded           |               |           | ٠.   |
|   | III and complete the                    | ollowing table:                         |   | ••••••           | ••••••       |               | 🗀 Y           | es        |  |
| c Beginning balance   |   |   |   |                  | _            |               |               |           |  |
| d Additions during the year   |   | ****************                        |   |                  | -  -         |               | An            | nount     |  |
|   |   |   |   |                  |              | 1c            |               |           |  |
| f Ending balance  2a Did the organization include an amount on  b If "Yes," explain the arrangement in D  |   | *************************************** |   | ••••••           | ·····        | 1d            |               |           |  |
| 2a Did the organization include an amount on b if "Yes," explain the arrangement in Part XII Part V Endowment Funds   |   | *************************************** |   | **************** | []           | le            |               |           |  |
| b If "Yes," explain the arrangement in Part VII   | Form 990, Part X, line                  | 21, for escrow or                       | Custodial                               | account link     |              | 1f            |               |           |  |
| b If "Yes," explain the arrangement in Part XII  Part V Endowment Funds. Complete   | if the                                  | xplanation has been                     | n provide                               | docount light    | outy? .      |               | L Ye          | s         |  |
|   | in the organization ar                  | swered "Yes" on F                       | orm 990.                                | Part IV line     | 10           |               |               |           |  |
|   | (a) Current year                        | (b) Prior year                          | (c) Two                                 | o years back     | 10.          | <u> </u>      |               |           |  |
| b Contributions   |   |   | 1                                       | yours back       | (a) 1 nr     | ee years      | back (e)      | our ye    | ars ba                                       |
| and I   |   |   |   |                  | <del> </del> | ·             |               |           |  |
| - Grants of Scholarships  |   |   |   |                  | <del> </del> |               |               | ·         |  |
| Other expenditures for facilities   |   |   |   |                  |              | <u> </u>      |               |           |  |
| and programs  |   | *                                       |   |                  |              |               |               |           |  |
| Administrative expenses   |   |   | 1                                       |                  |              |               |               |           | •  |
| - Journaline  |   |   |   |                  |              |               |               |           |  |
| Tovide the estimated percentage of the  |   |   |   |                  |              |               |               | · ·       |  |
| a Board designated or quasi-endowment   | end balance                             | (line 1g, column (a)                    | ) held as:                              | <del></del> L    |              |               |               |           |  |
| Fermanent endowment   |   | _%                                      |   |                  | •            |               |               |           |  |
| c Term endowment  | %                                       |   |   |                  |              |               |               |           |  |
| The percentages on lines of all   | •                                       |   | ₩.                                      |                  |              |               |               |           |  |
| <ul> <li>Are there endowment funds not in the possess</li> <li>by:</li> <li>Unrelated organizations</li> </ul>  | sion of the                             |   |   |                  |              |               | •             |           |  |
| by:   | sion of the organization                | on that are held and                    | d adminis                               | tered for the    | oranhi-      | ·             |               |           |  |
|   |   |   |   |                  | o gariiz     | auon          |               |           | ,  |
| (ii) Related organizations  |   |   | • |                  |              |               | Ĺ-            | Yes       | No   |
| If "Yes" on line 3a(ii), are the related organization  Describe in Part XIII the intended uses of the or  | ons listed as required                  |   |   |                  | ••••••       | •••••••       | 3a(i)         |           |  |
| Station in Part XIII the intended   | oquileu                                 | on Schedule R?                          |   | •••••            |              |               | . 3a(ii)      |           |  |
| Land, Buildings, and Equipment  | garrization's endown                    | ent funds                               |   |                  |              | ••••••        | <u>3b</u>     |           |  |
| Complete if the organization answered "   | Yes" on Form one o                      |   |   |                  |              |               |               |           |  |
| Complete if the organization answered "  Description of property  | (a) Cost or othe                        | art IV, line 11a. See                   | Form 99                                 | 0, Part X, lin   | e 10.        |               |               |           |  |
|   | basis (investmen                        | i (D) Cost of                           | otner                                   | (c) Acc          | umulate      | d T           | 1.0 =         |           |  |
| Land Buildings  | (HAGSHIJEN                              | t) basis (ot                            | her)                                    | depre            | ciation      | ٠   ·         | (d) Book      | value     | F.,  |
|   |   |   |   |                  |              |               |               |           | <u>.                                    </u> |
|   |   |   |   |                  |              |               |               |           |  |
| Equipment Other   | <u> </u>                                |   |   |                  |              |               |               |           |  |
| Other   |   | 126,                                    | 870.                                    | 7                | 8,17         | 6             | 40            |           | <u> </u>                                     |
| Add line - 4  |   |   |   |                  |              |               |               |           | /1   |
| Add lines 1a through 1e. (Column (d) must equal   | Form 900 D · · ·                        |   | 638.                                    |                  | 1,86         | 4.            | 48            | ,69<br>77 |  |

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

| - PVI /33331MII MINAW 1 /2   | L INC.                                  | 59                 | (二 / ) ) ひひぶぶてへ                                  |
|--|---|--------------------|--|
| Part XI Reconciliation of Revenue per Audited Financial S  Complete if the organization answered "Yes" on Form 990, Part IV  1 Total revenue, gains, and other support per audited 6   | tatements With R                        | evenue per Retur   | -2098168 F                                       |
| out revenue, dains, and other current  | , line 12a.                             | por notal          | · · ·  |
|  |   |                    |  |
|  |   | 1                  | 444,6  |
| b Donated services and use of facilities  c Recoveries of prior year grants  | 2a                                      |                    |  |
| C Recoveries of prior  |   |                    |  |
| d Other (Describe in Dest VIII)  |   |                    |  |
| A Add lines a  |   | 4 000              |  |
| 3 Subtract line 2e from line 1 4 Amounts included as Frances   | 2d                                      | 4,038.             |  |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1   |   | 2e                 | 4,03   |
| The moladed off Form don Don Vin P   |   | 3                  | 440,62   |
|  |   |                    | 110,02   |
| b Other (Describe in Part XIII.)   | 4a                                      |                    |  |
| c Add lines 4a and 4b  | 4b                                      |                    |  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12  Part XIII Reconciliation of Expenses per Audited Fire   |   | 4-                 | 1  |
| Reconciliation of Expenses per Audia de l'alline 12  | 2)                                      | 4 <u>C</u>         | <del>                                     </del> |
| Complete if the organization   | atements With Ex                        | Denses per Det     | 440,62   |
| 1 Total expenses and losses per quelta- Ls   | ne 12a.                                 | Pariocs bei Hellil | n.   |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   |   | <del></del>        | ·  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | *************************************** | 1                  | 291,148  |
|  |   |                    |  |
| • Oth - 1  |   |                    | , , , , , , , , , , , , , , , , , , ,            |
| d Other (Describe in Part XIII.)   | 2b                                      |                    |  |
| d Other (Describe in Part XIII.) e Add lines 2a through 2d   | 2c                                      |                    | A Section 1995                                   |
| e Add lines 2a through 2d  3 Subtract line 2e from line 1  | 2d                                      | 4,038.             | •  |
| Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  |   | 2e                 | 4 000  |
| and included on Form and Down IV is an   |   | 3                  | 4,038  |
| "Investment expenses not included as E   | •                                       |                    | 287,110  |
| The state of the s | 4a                                      |                    |  |
| c Add lines 4a and 4b  | 4b                                      |                    |  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Fam. 200  |   |                    |  |
|  |   |                    |  |
| Supplemental Information and Form 990. Part I line 18  | 1                                       | 4c                 | 0  |
| ovide the descriptions required for D.   | )                                       |                    | 0<br>287,110                                     |
| Divide the descriptions required for D   | )                                       |                    | 287,110  |
| Divide the descriptions required for D   | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| Divide the descriptions required for D   | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| Divide the descriptions required for D   | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| <b>Supplemental Information.</b> Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| <b>Supplemental Information.</b> Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| <b>Supplemental Information.</b> Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Art XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Art XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ATT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ATT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110<br>line 2; Part XI,                 |
| ST OF FUNDRAISING EVENTS   | )                                       |                    | 0<br>287,110                                     |
| ST OF FUNDRAISING EVENTS   | )                                       |                    | 0<br>287,110                                     |
| ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Art XII, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110                                     |
| ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Art XII, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Art XII, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Art XII, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110                                     |
| ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ART XI, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ART XI, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any  | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Dovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any LAT XI, LINE 2D - OTHER ADJUSTMENTS:  PST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:  | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ART XI, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |
| Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ART XI, LINE 2D - OTHER ADJUSTMENTS:  ST OF FUNDRAISING EVENTS  RT XII, LINE 2D - OTHER ADJUSTMENTS:   | )                                       |                    | 0<br>287,110                                     |

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

OMB No. 1545-0047

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

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

Open to Public

Name of the organization

Inspection COMMUNITY MUSIC SCHOOL INC. Employer identification number Part Types of Property 58-2098168 (a) (b) (c) Check if Number of Noncash contribution (d) applicable contributions or Method of determining amounts reported on Art - Works of art items contributed Form 990, Part VIII, line 1g 1 noncash contribution amounts Art - Historical treasures 2 Art - Fractional interests ..... 3 Books and publications ..... 4 Clothing and household goods 5 Cars and other vehicles ..... 6 Boats and planes ..... 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 Collectibles \_\_\_\_\_ 18 Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy ..... 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 25 Other > ( PIANOS 52,250. APPRAISALS 26 Other 27 Other > 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Yes No exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, X 33 For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA Schedule M (Form 990) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY MUSIC SCHOOL INC.

Employer identification number

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATIO                                     | Employer identification number 58-2098168   |
|--|---|
| FAMILIES THROUGH APPROPRIES  | N MISSION:                                  |
| FAMILIES THROUGH AFFORDABLE, HIGH QUALITY MUSIC EDUC                                     | ATION                                       |
|  |   |
| FORM 990, PART VI, SECTION B, LINE 11B:  |   |
| REVIEWED BY BOARD  |   |
|  |   |
| FORM OOO   |   |
| FORM 990, PART VI, SECTION B, LINE 12C:  |   |
| EACH BOARD MEMBER & EMPLOYEE COMPLETES A DISCLOSURE AS                                   |   |
| STATEMENT REGARDING ANY CONFLICTS ANNUALLY   | ND ACKNOWLEDGE                              |
| CONFEICTS ANNUALLY   |   |
| FORM 990 DARE  |   |
| FORM 990, PART VI, SECTION B, LINE 15:   |   |
| BOARD REVIEW AND APPROVAL  |   |
|  |   |
| FORM 990, PART VI, SECTION C, LINE 19:   |   |
| UPON REQUEST   |   |
|  |   |
|  |   |
| FORM 990, PART IX, LINE 11G, OTHER FEES:   |   |
| INSTRUCTORS:   |   |
| PROGRAM SERVICE EXPENSES   |   |
|  | 42 522                                      |
| MANAGEMENT AND GENERAL EXPENSES  | 42,533.                                     |
| FUNDRAISING EXPENSES   | 0.  |
| TOTAL EXPENSES   | 0.  |
|  | 42,533.                                     |
| CONSULTING FEES:   |   |
| PROGRAM SERVICE EXPENSES   |   |
|  |   |
| MANAGEMENT AND GENERAL EXPENSES HA For Paperwork Beduction And Management                | 15,936.                                     |
| HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Sch | 0 .<br>nedule O (Form 990 or 990-EZ) (2019) |