Form 990		90	Return of Orga Under section 501(c), 527	nization Exem					ax	OMB No. 1545-0047
		the Treasury	The organization may have	benefit trust or private foun the to use a copy of this return			oporting require	monte		Open to Public
		ue Service		JUL 1, 2007	and er		JUN 30			Inspection
	Check if	C N	ame of organization	JOH 1, 2007	anu ci	luing				entification number
	applicable		O. SMITH NASHVIL	E COMMUNITY				Demp	loyer lu	
X	Addres		SIC SCHOOL					5	8-15	60499
	Name Change	type. N	umber and street (or P.O. box if mail is	not delivered to street address	;)		Room/suite		phone n	
Initial specific 1125 8TH AVE SOUTH									320-5291	
	Termin-	Instruc-	ity or town, state or country, and ZIP +	1				F Accou	unting metho	od: Cash X Accrual
	Amend		SHVILLE, TN 3721						Other specify)	•
	Applica pending		on 501(c)(3) organizations and 4947(a		Ists	Hand	l are not appli			ion 527 organizations.
		musta	attach a completed Schedule A (Form	990 or 990-EZ).		H(a)	s this a group re	eturn fo	or affiliate	es? Yes X No
			OSMITH.ORG			H(b)	f "Yes," enter nu	mber o	of affiliate	es▶ <u>N/A</u>
J	Organiza	ation type (check	only one) \blacktriangleright X 501(c) (3) (ins	ert no.) 4947(a)(1) or	527		Are all affiliates in		d? N	/A Yes No
		-	he organization is not a 509(a)(3) supp	• • •	SS		If "No," attach a s this a separate		ı filed bv	an or
			t more than \$25,000. A return is not red	juired, but if the organization		Ú	panization cover	ed by a	group r	uling? Yes X No
(chooses	to file a return,	be sure to file a complete return.				Group Exemption			N/A
	~			0 412 6						on is not required to attach
			s 6b, 8b, 9b, and 10b to line 12	2,413,68			Sch. B (Form 99	0, 990-	EZ, or 9	90-PF).
Pa	1		Expenses, and Changes in		i Bala	inces				
	1		, gifts, grants, and similar amounts rece to donor advised funds		1 10	I				
	а		support (not included on line 1a)		1a 1b		2,269,3	83		
						· ·	2,209,5	5.		
	c d			ne 1a)	1d		96,8	06.		
	e					· ·	11,300.	$\frac{1}{2}$	1e	2,366,189.
	2	• Description of the second se						· · · · ·	2	4,310.
	3	-	dues and assessments		,				3	
	4	Interest on sa	vings and temporary cash investments						4	31,699.
	5		l interest from securities						5	,
	6 a	· ·								
	b	Less: rental ex	kpenses		6b					
¢	c		ome or (loss). Subtract line 6b from line						6c	
nué	7	Other investm	ent income (describe 🕨)	7	
Revenue	8 a	Gross amount	t from sales of assets other	(A) Securities			(B) Other			
ш		than inventory	/		8a					
	b		other basis and sales expenses		• 8b					
	C		(attach schedule)		->8c					1 0 4 1
	d		oss). Combine line 8c, columns (A) and			·····	1		8d	<1,241.>
	9	•	s and activities (attach schedule). If any	• •	1		96 19	ا ۵۵		
	а	Gross revenue (not i	cpenses other than fundraising expense	of contributions reported on line 1b)	9a 9b		<u>96,4</u> 8 8,32	20.		
	b c	Net income or	(loss) from special events. Subtract lin	s e Qh from line Qa	<u></u> 337	ן איז איז	<u>, ס</u> , ס דוא דא די	3	9c	88,166.
		Gross sales of	f inventory, less returns and allowances		10a			····	30	00,100.
	b		goods sold		10b					
	c		r (loss) from sales of inventory (attach s			10a			10c	
	11	-	(from Part VII, line 103)	,					11	<85,000.>
	12	Total revenue	e. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11					12	2,404,123.
	13		ices (from line 44, column (B))						13	218,812.
Expenses	14		and general (from line 44, column (C))						14	86,636.
ben	15							r	15	52,659.
Ě	16								16	
	17		es. Add lines 16 and 44, column (A)						17	358,107.
s	18		ficit) for the year. Subtract line 17 from						18	2,046,016.
Net ssets	19		fund balances at beginning of year (fror						19	4,793,126.
- 0	20	utner changes	s in net assets or fund balances (attach	explanation) S	5 또 또	STA.	LEWENI, 4	4	20	<3,114.>

< <		0		
	21	Net a	ssets or fund balances at end of year. Combine lines 18, 19, and 20	
72300 12-27		LHA	For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction	IS.
			1	

Form 990 (2007)

6,836,028

21

OMB No. 1545-0047

Form 990 (2007)

W. O. SMITH NASHVILLE COMMUNITY

MUSIC SCHOOL

58-1560499 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds				Ŭ	
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					STATEMENT
(cash \$ 2,250 • noncash \$ 0 •				1	
	4	2,250.	2,250.		
If this amount includes foreign grants, check here	22b	2,230.	2,230.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	75,419.	30,487.	15,261.	29,67
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	Ο.	
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	84,439.	48,328.	25,008.	11,10
27 Pension plan contributions not included on		51,1550	10,5200	23,000.	±±,±(
	27	3,984.	1,975.	1,011.	99
lines 25a, b, and c	21	J, 904.	т,979.	Ι, ΟΙΙ.	93
28 Employee benefits not included on lines					
25a - 27	28	11 000		2	2.0
29 Payroll taxes	29	11,939.	5,887.	3,008.	3,04
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	8,106.	3,242.	4,864.	
34 Telephone	34	3,188.	2,551.	478.	1!
35 Postage and shipping	35	2,833.	1,283.	1,033.	51
36 Occupancy	36				
37 Equipment rental and maintenance	37	8,526.	6,395.	1,705.	42
38 Printing and publications	38	3,708.		1,854.	1,85
39 Travel	39			,	_,••
40 Conferences, conventions, and meetings	40				
	41				
41 Interest42 Depreciation, depletion, etc. (attach schedule)	41	21,394.	17,115.	4,279.	
,		<u>41,594</u>	•	ユ,ム/ノ ・	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 5	43g	132,321.	99,299.	28,135.	4,88
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	358,107.	218,812.	86,636.	52,65
Joint Costs. Check 🕨 🔲 if you are following				-	
Are any joint costs from a combined educational campai			orted in (B) Program servic	es? ▶□	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			i) the amount allocated to F		N/A ;
(iii) the amount allocated to Management and general \$	Ψ		v) the amount allocated to I		N/A,
723011 12-27-07		, and (I	ין אוס מוווסטות מווטטמנסט נט ו	σπαταιοπηγιφ	Form 990 (2

Form 990 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	t is the organization's primary exempt purpose? ► SIC EDUCATION TO CHILDREN OF LOWER INCOME FAMILIES	Program Service Expenses
All org	rganizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ts served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) nizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
н Г Г	"MUSIC TRAINING" - PROVIDES MUSIC INSTRUCTION TO TO CHILDREN FROM LOW-INCOME FAMILIES FOR 50 CENTS PER LESSON. IT MAKES INSTRUMENTS AVAILABLE ON A LENDING LIBRARY BASIS. DURING THE FISCAL YEAR, OVER 350 STUDENTS PARTICIPATED IN OVER 500 DIFFERENT COURSES.	
b " <u>I</u>	Grants and allocations \$) If this amount includes foreign grants, check here ► □ "SUMMER MUSIC CAMP" - PROVIDES AN OPPORTUNITY FOR IN-DEPTH LEARNING AWAY FROM THE STRESSES AND WORRIES OF INNER CITY LIFE AT A COST OF \$25 PER STUDENT.	190,279.
c _	Grants and allocations \$) If this amount includes foreign grants, check here	28,533.
 d	Grants and allocations \$) If this amount includes foreign grants, check here	
e 0	Grants and allocations \$)) If this amount includes foreign grants, check here Other program services (attach schedule) Grants and allocations \$)) If this amount includes foreign grants, check here	
<u>f</u> T	Total of Program Service Expenses (should equal line 44, column (B), Program services)	218,812.

Form 990 (2007)

723021 12-27-07

3

W. O. SMITH NASHVILLE COMMUNITY MUSIC SCHOOL

58-1560499 Page 4

		Balance Sheets (See the instructions.)					
Note		ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin the	description column	(A) Beginning of year		(B) End of year
	45			1 746	45	533.	
	45 46	Cash - non-interest-bearing	<u>1,746.</u> 1,877,777.	45 46	261,560.		
	46	Savings and temporary cash investments	1,0//,///•	40	201,300.		
	47 a	Accounts receivable	47a				
		Less: allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a	760,965.			
	b	Less: allowance for doubtful accounts			1,367,457.	48c	760,965.
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, d					
		key employees				50a	
	b	Receivables from other disqualified persons (as					
Assets		4958(f)(1)) and persons described in section 49		B)		50b	
Ass		Other notes and loans receivable				- 4	
		Less: allowance for doubtful accounts				51c	
	52 53	Inventories for sale or use			25,454.	52 53	10,637.
		Prepaid expenses and deferred charges Investments - publicly-traded securities			23,434.	54a	10,057.
		Investments - other securities				54b	
		Investments - land, buildings, and	····· •			540	
		equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments other SI	EE ST	TATEMENT 7	97,345.	56	91,981.
	57 a	Land, buildings, and equipment: basis		7,252,183.			
	b	Less: accumulated depreciation	57b	327,354.	1,516,680.	57c	6,924,829.
	58	Other assets, including program-related investments					
		(describe ►	4 000 450	58			
	59	Total assets (must equal line 74). Add lines 45			4,886,459.	59	8,050,505.
	60 01	Accounts payable and accrued expenses			93,333.	60	254,477.
	61 62	Grants payable				61 62	
es	63	Deferred revenue Loans from officers, directors, trustees, and key				63	
ilities		a Tax-exempt bond liabilities				64a	
Liabi	t	Mortgages and other notes payable		STMT 8		64b	960,000.
-	65	Other liabilities (describe ►)		65	
		·					
	66	Total liabilities. Add lines 60 through 65			93,333.	66	1,214,477.
	Orga	anizations that follow SFAS 117, check here $lacksquare$	X a	nd complete lines			
s		67 through 69 and lines 73 and 74.			0 004 604		
nce	67	Unrestricted			2,031,681.	67	6,075,063. 760,965.
alaı	68	Temporarily restricted			2,761,445.	68	760,965.
dB	69 0	Permanently restricted				69	
Fund Balances	Urga	anizations that do not follow SFAS 117, check complete lines 70 through 74.	nere 🕨				
	70	Capital stock, trust principal, or current funds			70		
Net Assets or	70 71	Paid-in or capital surplus, or land, building, and				70	
Ass	72	Retained earnings, endowment, accumulated ir				72	
let.	73	Total net assets or fund balances. Add lines 67 throu					
~	-	(Column (A) must equal line 19 and column (B) must	-	-	4,793,126.	73	6,836,028.
_	74	Total liabilities and net assets/fund balances			4,886,459.	74	8,050,505.
							Form 990 (2007)

723031 12-27-07

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Form 990 (2007) MUSIC SCHOOL			58-15			e 5
Part IV-A Reconciliation of Revenue per Audited Fina	ncial Statements W	ith Revenue p	er Retu	I rn (Se	e the	
instructions.)						
a Total revenue, gains, and other support per audited financial stateme	ents		a	2,	657,48	5.
b Amounts included on line a but not on Part I, line 12:	1					
1 Net unrealized gains on investments		01	~ -			
2 Donated services and use of facilities		2 258,8	05.			
3 Recoveries of prior year grants		53	12			
4 Other (specify): SEE STATEMENT 9		o4 <5,4			050 06	~
Add lines b1 through b4			b		253,362	
c Subtract line b from line a			c	4,	404,12	3.
d Amounts included on Part I, line 12, but not on line a:	1					
1 Investment expenses not included on Part I, line 6b		11 12	_			
2 Other (specify):						^
Add lines d1 and d2			d		101 10	<u>0.</u>
e Total revenue (Part I, line 12). Add lines c and d Part IV-B Reconciliation of Expenses per Audited Final	ancial Statements V	lith Expanses		$\frac{4}{1}$	404,123	5.
					614,583	2
a Total expenses and losses per audited financial statements			a		014,30.	5.
 Amounts included on line a but not on Part I, line 17: 	L	, J 250 0	05			
1 Donated services and use of facilities		258,8	05.			
2 Prior year adjustments reported on Part I, line 20		02	_			
3 Losses reported on Part I, line 20	······	<u>)3</u>				
4 Other (specify): SEE STATEMENT 10		<2,3		-	256 47	c
Add lines b1 through b4					256,47	
c Subtract line b from line a			c	-	358,10	/•
d Amounts included on Part I, line 17, but not on line a:	I					
1 Investment expenses not included on Part I, line 6b	······	11 12				
2 Other (specify):						^
			d			υ.
Add lines d1 and d2						
e Total expenses (Part I, line 17). Add lines c and d			► e		358,10	
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List ea	ch person who was	► e		358,10	
e Total expenses (Part I, line 17). Add lines c and d	ey Employees (List ea ere not compensated.) (Se	ch person who was e the instructions.)	an office	er, direc	358 , 10' ctor, trustee,	7.
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ch person who was e the instructions.) (C) Compensation (If not paid, enter	an office	er, direc	358 , 10' ctor, trustee,	7 .
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ko or key employee at any time during the year even if they we (A) Name and address	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)	► e	er, direc	358 , 10' ctor, trustee,	7 .
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ko or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)	an office	er, direc	358 , 10' ctor, trustee,	7 .
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR	e e an office (D)Contrib employee plans & d compensati	er, direct utions to benefit eferred ion plans	358,10' ctor, trustee, (E) Expens account an other allowan	7.
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ko or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0)	e e an office (D)Contrib employee plans & d compensati	er, direc	358,10' ctor, trustee, (E) Expens account an other allowan	7 .
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR	e e an office (D)Contrib employee plans & d compensati	er, direct utions to benefit eferred ion plans	358,10' ctor, trustee, (E) Expens account an other allowan	7.
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ko or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR	e e an office (D)Contrib employee plans & d compensati	er, direct utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7.
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
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e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
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e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
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e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
e Total expenses (Part I, line 17). Add lines c and d Part V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address JONAH RABINOWITZ 1414 EDGEHILL AVENUE NASHVILLE, TN 37212 SEE ATTACHED LISTING OF	ey Employees (List ea ere not compensated.) (Se (B) Title and average hours per week devoted to position EXECUTIVE DIF 60.00	ch person who was e the instructions.) (C) Compensation (If not paid, enter -0) ECTOR 71,875.	e e an office (D)Contrib employee plans & d compensati	utions to benefit eferred ion plans	358,10 ctor, trustee, (E) Expens account an other allowan	7 • d d cces
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Form **990** (2007)

Form	990	(2007)

MUSIC SCHOOL

58-1560499 Page 6

Pa	Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)			
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 32			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies			
	the individuals and explains the relationship(s)	75b		Х
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the			
	organization? See the instructions for the definition of "related organization."	75c		Х
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Othe				

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during

the year, list that person below and enter the amount of cor	mpensation or other benef	its in the appropria	ate column. See t	he instructions.)
(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Pa	rt VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed			
	statement of each change	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?			Х
	If "Yes," attach a conformed copy of the changes.			
78 a	8 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			Х
b	b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
b	If "Yes," enter the name of the organization N/A			
	and check whether it is exempt or nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b	000	Х

Form **990** (2007)

723161/12-27-07

Form	990	(2007)
	000	(2001)

W. O. SMITH NASHVILLE COMMUNITY MUSIC SCHOOL

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Pa	rt VI Other Information (continued)		Yes	No		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially					
	less than fair rental value?					
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II.					
	(See instructions in Part III.) 258,805.					
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not					
	tax deductible?N/A	84b				
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a				
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?N/A	85b				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a					
	waiver for proxy tax owed for the prior year.					
C	Dues, assessments, and similar amounts from members 85c N/A					
d	Section 162(e) lobbying and political expenditures 85d N/A					
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A					
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g				
h						
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the					
	following tax year? N/A	85h				
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12 86a N/A					
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A					
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A					
b						
	against amounts due or received from them.) 87b N/A					
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,					
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	00-		v		
	If "Yes," complete Part IX	88a		X		
D	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	006		x		
00 •	section 512(b)(13)? If "Yes," complete Part XI	88b				
89 a	$501(c)(3)$ organizations. Enter: Amount of tax imposed on the organization during the year under:section 4911 $0 \cdot$; section 4912 $0 \cdot$; section 4955 $0 \cdot$					
h						
U	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?					
		89b		x		
c	If "Yes," attach a statement explaining each transaction	090				
U	sections 4912, 4955, and 4958 0 .					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		x		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,					
3	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X		
90 a	List the states with which a copy of this return is filed \blacktriangleright TN					
	Number of employees employed in the pay period that includes March 12, 2007 90b 90b			4		
	The books are in care of \blacktriangleright JONAH RABINOWITZ Telephone no. \blacktriangleright 615–25	5-8	355			
	Located at ▶ 1125 8TH AVENUE SOUTH, , NASHVILLE, TN ZIP + 4 ▶ 3					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No		
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X		
	If "Yes," enter the name of the foreign country N/A					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
	and Financial Accounts.					
		E	000	(2007)		

Form **990** (2007)

723162 / 12-27-07

Form 990 (2)		SMITH SCHOOL	NASHVI	LLE COMMUNI	ГҮ	58-	1560499 Page 8
Part VI	Other Information (cont						Yes No
	v time during the calendar year, s," enter the name of the foreigr		_	tain an office outside o	of the Unite	ed States?	91c X
92 Sectio	on 4947(a)(1) nonexempt charita	ble trusts filin	g Form 990	in lieu of Form 1041- (Check here		>
	nter the amount of tax-exempt i					▶ 92	N/A
Part VII	Analysis of Income-Pr	oducing A			_		
	r gross amounts unless otherwis	se	(A)	ed business income	Excluded (C)	by section 512, 513, or 514	(E)
indicated.			Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt
•	m service revenue:		code	Amount	code	Amount	function income
a <u>PRO</u>	GRAM FEES						4,310.
b					+ $+$		
C							
d							
e							
	re/Medicaid payments						
	nd contracts from government a				+ $+$		
	ership dues and assessments					21 600	
	on savings and temporary cash invo				14	31,699.	
	nds and interest from securities						
	ital income or (loss) from real es						
	nanced property				16		
	ot-financed property						
	Ital income or (loss) from persor						
	nvestment income r (loss) from sales of assets						
					18	~1 241	
	nan inventory ome or (loss) from special even				05	<1,241. 88,166.	
	profit or (loss) from sales of inve					00,100.	
102 Other r							
	S ON PLEDGE						<85,000.
h <u>100</u>							(05/0001
с							
d							
e							
104 Subtota	al (add columns (B), (D), and (E))		0		118,624.	<80,690.
	add line 104, columns (B), (D), a						37,934.
Note: Line 1	05 plus line 1e, Part I, should e						•
Part VIII	Relationship of Activit	ies to the	Accompl	ishment of Exem	pt Purpo	Ses (See the instruction	ons.)
	Explain how each activity for which exempt purposes (other than by pro				ed important	ly to the accomplishment (of the organization's
93A S	CHOOL PROVIDES M	USIC L	ESSONS	TO LOW-INC	OME FA	MILIES AT \$.50
	ER LESSON.					•	
L	OSS ON CONTRIBUT	TION RE	CEIVAB	LE PLEDGE			
Part IX	Information Regarding	Taxable	Subsidiar	ies and Disregard	ded Enti	ties (See the instructio	ns)
		(B)		(C)		(D)	(E)
Name, add partners	(A) ress, and EIN of corporation, ship, or disregarded entity ow	Percentáge of /nership interes	st	Nature of activities		Total income	End-of-year assets
	.,		%				400010
	N/A	(%				
		(%				
		(%				
Part X	Information Regarding	Transfers	s Associa	ted with Persona	I Benefi	t Contracts (See the	e instructions.)
(b) Did the	organization, during the year, recei organization, during the year, pay p	premiums, dire	ctly or indirect	ly, on a personal benefit o	-	benefit contract?	Yes X No
Note: If "Y	es" to (b), file Form 8870 and F	orm 4720 (se	e instruction	s).			
							Form 990 (2007)

723163 12-27-07

	W. O. SMITH NASHVILLE MUSIC SCHOOL		58-156		age 9
orm 990 (200 Part XI	Information Regarding Transfers To and From	Controlled Entities	Complete only if the organi	zation is a	
	controlling organization as defined in section 512(b)(13).	N/A			No
06 Did the	reporting organization make any transfers to a controlled enti	ty as defined in section 51	2(b)(13) of the Code? If "Yes		
comple	te the schedule below for each controlled entity.	(B)	(C)	(D)	
	(A) Name, address, of each controlled entity	Emplóyer Identification Number	Description of transfer	Amount transfe	
a		-			
b					
c					
	Totals			Ye	s No
	e reporting organization receive any transfers from a controlle	d entity as defined in sect	ion 512(b)(13) of the Code? I	f "Yes,"	
107 Did the	ete the schedule below for each controlled entity.				
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amoun transf	
a					
b					
c					
	Totals			Ye	s No
	ne organization have a binding written contract in effect on Au ties described in question 107 above?				correct
annu	ties described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accord and complete. Declaration of preparer (other than officer) is based on all information	ompanying schedules and statemer of which preparer has any knowled	hts, and to the best of my knowledge a dge.	ind bener, it is true,	bontoon
Please	Al Ment		1 8 20	09	
Sign	Signature of officer		Date		
Here	Type or print name and title	DIRECTOR		SSN or PTIN (See	Gen Inst.
Paid	Preparer's Kenthanel	Date 12/16/08	self- employed X	SON OF PHIN (SEE	
	Firm's name (or KRAF'TCPA'S PLLC yours if self-employed). 555 GREAT CIRCLE ROAD,	SUITE 200	EIN ►		
oas only	address, and NTACHINTTE TN 37228-13	10	Phone no. 🕨 (6	15)242-	7351
	ZIP+4 NASHVILLE, IN STEES IS			Form 9	90 (200

723164/12-27-07

10

SCHEDULE A Organization Exempt Under Section 501(c)(3)						
(Form 990 or 990-EZ	501(n), or 4947(a)(1) Nonexempt Charitable Trust					
Department of the Treasury Internal Revenue Service	Supplementary Information MUST be completed by the above organ				2007	
Name of the organization	W. O. SMITH NASHVILLE COM MUSIC SCHOOL	MUNITY		Employer identif		
	age 1 of the instructions. List each one. If there are none, er		Officers, Dire			
	and address of each employee paid more than \$50,000	(b) litle and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	e (e) Expense account and other allowances	
NONE						
Total number of other en	nployees paid					
	pensation of the Five Highest Paid Inde	0	rs for Profess	ional Servic	96	
	age 2 of the instructions. List each one (whether individuals					
(a) Nam	e and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation	
NONE						
Total number of others r \$50,000 for professional	services	0				
(List e	pensation of the Five Highest Paid Inde ach contractor who performed services other than profession If there are none, enter "None." See page 2 of the instruction	onal services, whether individu		ervices		
	e and address of each independent contractor paid more th		(b) Type of	service	(c) Compensation	
NONE						
Total number of other co \$50,000 for other service	es	0				

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. 10

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 MUSIC SCHOOL

58-1560499 Page 2

P	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities ▶ \$\$(Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		Х
I	b Lending of money or other extension of credit?	2b		X
(c Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
	e Transfer of any part of its income or assets?	2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <u>SEE STATEMENT 11</u>	3a	x	
I	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
I	b Did the organization make any taxable distributions under section 4966? <u>N/A</u>	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
t	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
1	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 MUSIC SCHOOL

Part IV Rea	son for Non-Private Foundation S	Status (See pages 4 th	rough 8 of the instruction	ns.)				
I certify that the orga	ization is not a private foundation because it is: (Please check only ONE a	oplicable box.)					
5 🗌 A chu								
6 🗌 A sch	ool. Section 170(b)(1)(A)(ii). (Also complete Part	: V.)						
7 🗌 A hos	pital or a cooperative hospital service organizatio	n. Section 170(b)(1)(A)(ii	i).					
8 🗌 A fed	eral, state, or local government or governmental u	init. Section 170(b)(1)(A)	(V).					
9 🗌 A me	dical research organization operated in conjunctio	on with a hospital. Section	170(b)(1)(A)(iii). Enter t	he hospital'	s name, city,			
and	tate 🕨							
10 🗌 An oi	ganization operated for the benefit of a college or	university owned or oper	ated by a governmental u	init. Section	170(b)(1)(A)(i	v).		
(Also	complete the Support Schedule in Part IV-A.)							
11a 🗴 An o	rganization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	public.			
Secti	on 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)						
11b 🗌 A cor	nmunity trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sched	lule in Part IV-A.)					
12 🗌 An oi	ganization that normally receives: (1) more than	33 1/3% of its support fro	om contributions, membe	rship fees, a	nd gross			
	ts from activities related to its charitable, etc., fur							
	pport from gross investment income and unrelate organization after June 30, 1975. See section 5				ses acquired			
	organization alter Julie 30, 1975. See Section 5	(3(a)(z). (Also complete	the Support Schedule in	raitiv-A.)				
13 An or	ganization that is not controlled by any disqualifie	d persons (other than fou	Indation managers) and o	otherwise me	ets the require	ements of section		
509(a)(3). Check the box that describes the type of su	porting organization:						
	Type I Type II	Type III-Fur	nctionally Integrated		Type III-	Other		
	Provide the following information a				· · · · · ·			
	(a)	(b)	(C)	(d		(e)		
Nam	e(s) of supported organization(s)	Employer identification	Type of organization (described in lines		upported on listed in	Amount of support		
		number (EIN)	S through 12 above		porting	Support		
		. ,	or IRČ section)	organi	zation's			
				governing	documents?			
					N.			
				Yes	No			

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

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Schedule A (Form 990 or 990-EZ) 2007 MUSIC SCHOOL

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	Note: You may use the				e cash method of acco	
begin	ndar year (or fiscal year ning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	989,752.	1,510,909.	643,427.	218,221.	3,362,309.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	64,734.	73,779.	57,703.	56,252.	252,468.
18	Gross income from interest, divid- ends, amounts received from pay- ments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	28,901.	45,746.	61,243.	60,807.	196,697.
19	Net income from unrelated business	,	,	,		
	activities not included in line 18					
20	lax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,083,387.	1,630,434.	762,373.	335,280.	3,811,474.
24	Line 23 minus line 17		1,556,655.	704,670.	279,028.	3,559,006.
25	Enter 1% of line 23	10,834.	16,304.	7,624.	3,353.	
26	Organizations described on lines 10	0 or 11: a Enter 2% of a	amount in column (e), lin	e 24	► 26a	71,180.
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	rson (other than a goverr	nmental	
	unit or publicly supported organization	on) whose total gifts for 2	003 through 2006 exceed	ded the amount shown in	line 26a.	
	Do not file this list with your return.	. Enter the total of all thes	e excess amounts		► 26b	818,870.
C	Total support for section 509(a)(1) to	est: Enter line 24, column	(e)		▶ 26c	3,559,006.
d	Add: Amounts from column (e) for li	nes: 18 1	96,697. 19			
		22	26b	818,87	0. ► 26d	1,015,567.
e	Public support (line 26c minus line 2	ed total)			► 26e	2,543,439.
f	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator))		► 26f	71.4649%
27	Organizations described on line 12					are a list for your
	records to show the name of, and to	tal amounts received in ea	ach year from, each "disqu	ualified person." Do not fi	le this list with your retur	n. Enter the sum of
		N/A				
b	For any amount included in line 17 th					
	and amount received for each year, t			,	•	
	described in lines 5 through 11b, as		,			-
	the larger amount described in (1) of	r (2), enter the sum of the	se differences (the exces	s amounts) for each year	N/A	
	(2006)	(2005)		JU4)	(2003)	
C	Add: Amounts from column (e) for li	nes: 15_		16	N	37 / 3
-	Add: Amounts from column (e) for li 17 Add: Line 27a total	20		21	27c	<u>N/A</u>
d	Add: Line 27a total	an	d line 27b total		27d	N/A
е	Public support (line 27c total minus	line 27d total)			▶ 27 -	N/A
f	Total support for section 509(a)(2) to	est: Enter amount on line	23, column (e)	► 27f	N/A	/-
g	Public support percentage (line 27)	e (numerator) divided by	line 27f (denominator))		► 27g	<u>N/A %</u>
h	Investment income percentage (lin		, .			N/A %
S	Jnusual Grants: For an organization do how, for each year, the name of the co eturn . Do not include these grants in l	ontributor, the date and ar	mount of the grant, and a	sual grants during 2003 t brief description of the na	hrough 2006, prepare a lis ature of the grant. Do not	st for your records to file this list with your
	1 12-27-07	N	ONE 12		Schedu	le A (Form 990 or 990-EZ) 2007

sched	lule A (Form 990 or 990-EZ) 2007 MUSIC SCHOOL	58-156049	9 F	Page !
Pa	t V Private School Questionnaire (See page 9 of the instructions.)	N/	А	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	a	Yes	N
3	instrument, or in a resolution of its governing body?			
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
2	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			L
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
А	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?			
d	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
3	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?			
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			-
e f	Educational policies?Use of facilities?			-
g	Athletic programs?			-
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
5	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-	50		
15	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			
	יאר ב כ.ס. סטי, סטיט וווע דמטמו חטרים טרוווווומנוטד: דר זעט, מנגמטד מדר לאףומנומנוטד	35 dule A (Form 990 or	000 57	

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Schedule A (Form 990 or 990-EZ) 2007 MUSIC SCHOOL

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

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Ρ	N/A		
	(To be completed ONLY by an eligible organization that filed Form 5768)		
Che	eck 🕨 a 🛄 if the organization belongs to an affiliated group. Check 🕨 b 🛄 if you cl	hecked "a" and "limited contro	l" provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) 36	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) 37		
38	Total lobbying expenditures (add lines 36 and 37) 38		
39	Other exempt purpose expenditures 39		
40	Total exempt purpose expenditures (add lines 38 and 39) 40		
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41) 42		
	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43		
	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44		
			•

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	penditures During 4-Yea	ar Averaging Per	iod		N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005		d))04		(e) Total
45 Lobbying nontaxable amount							0.
46 Lobbying ceiling amount (150% of line 45(e))							0.
47 Total lobbying expenditures							0.
48 Grassroots nontaxable amount							0.
49 Grassroots ceiling amount (150% of line 48(e))							0.
50 Grassroots lobbying expenditures							0.
Part VI-B Lobbying A	Activity by Nonelectory by organizations that die			ictions.)			
During the year, did the organizat influence public opinion on a legis a Volunteers b Paid staff or management (Ir	slative matter or referendum	, through the use of:	rough h .)		2	ζ.	Amount
 c Media advertisements d Mailings to members, legisla e Publications, or published or 	tors, or the public				2 2 2 2	C I	
f Grants to other organizationsg Direct contact with legislatorsh Rallies, demonstrations, sem	for lobbying purposes s, their staffs, government o	fficials, or a legislative body			2 2 2 2	<u> </u>	
 i Total lobbying expenditures If "Yes" to any of the above, a 	(Add lines c through h .)					-	0.

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Schedule A (Form 990 or 990-EZ) 2007

W. O. SMITH NASHVILLE COMMUNITY Schedule A (Form 990 or 990-EZ) 2007 MUSIC SCHOOL

Exempt Organization (see gaps 14 of the instructors). 50 Ubit regrotarized instructions (see gaps 14 of the instructors). 50 Ubit regrotarized instructions (see gaps 14 of the instructors). 51 Ubit regrotarized instructions on an exclusion is an exclusion 27, relating to publical organization etc. (1) Obit regrotarized instructions to a reachestruction is an exclusion 27, relating to publical organization etc. (1) Obit regrotarized instructions to a reachestruction is enclosed instruction. (10) Obert and the instruction is a conclustration enclosed instruction. (10) Obert and the instruction of the instruction of the instruction of the instruction. (11) Breatch definition, examplement to other assets. (110) Detrivation of the instruction of the instruction of the instruction of the instruction. (110) Detrivation of the instruction of the instruction. (110) Detrivation of the instruction of th	Par	t VII Information Re			d Relationships With Nonch	aritable	
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S2 a is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the code (other than section 501(c)(3)) or in section 52?? Yes X b if "Yes," complete the following schedule: N/A Ves X if "Yes," complete the following schedule: N/A Description of relationship if "Yes," complete the following schedule: N/A Image: the organization of relationship if "Yes," complete the following schedule: N/A Image: the organization of relationship if "Yes," complete the following schedule: N/A Image: the organization of relationship if "Yes," complete the following schedule: N/A Image: the organization of relationship if "Yes," complete the following schedule: Image: the organization of relationship Image: the organization of relationship if "Yes," complete the following schedule: Image: the organization of relationship Image: the organization of relationship if the organization Image: the organization of relationship Image: the organization of relationship if the organization Image: the organization of relationship Image: the organization of relationship if the organization Image: the organization of the organization			Name of noncharitable ex	empt organization		and sharing arrai	ngements
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Name of organization Type of organization Description of relationship Image: I	0			(b)	(c)		
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FOOTNOTES	STATEMENT 1
FORM 990, PART IV, LINE 57C:	
FIXED ASSETS CONSISTED OF THE FOLLOWING AT THE END OF THIS FILING YEAR:	
LAND & BUILDINGS BUILDING IMPROVEMENTS AUTOMOBILES CONSTRUCTION IN PROGRESS MUSIC EQUIPMENT OFFICE EQUIPMENT SECURITY SYSTEM	1,015,240. 109,013. 26,458. 5,999,155. 56,884. 44,258. 1,175.
TOTAL	7,252,183.
LESS: ACCUMULATED DEPRECIATION	<327,354.>
TOTAL – NET	6,924,829.

LAND, BUILDINGS AND IMPROVEMENTS, EQUIPMENT AND FURNITURE ARE RECORDED AT COST WHEN PURCHASED, OR AT FAIR MARKET VALUE WHEN GIFTED TO THE ORGANIZATION. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO OPERATIONS OVER ESTIMATED USEFUL LIVES OF FIVE TO EIGHT YEARS FOR EQUIPMENT AND FURNITURE, AND TWENTY TO FORTY YEARS FOR BUILDINGS AND IMPROVEMENTS.

W. O. SMITH NASHVILLE COMMUNITY MUSIC SC

FORM 990 GAIN (LO								<u>جس</u>		 יאזיזי	2
							J				
DESCRIPTION		-	OSS PRICE		ST OR R BASI		KPENSE F SALE		NET OR (
SECURITIES SOLD IN SETTLEMENT	-		0.		1,241	•	0	 •	<	:1,2	 41.:
TO FORM 990, PART I, LI	NE 8 =				1,241	 • = ====	0	 • = -=	<	:1,24	41.: ====
FORM 990	SPECIA	AL EVE	NTS ANI) ACTI	VITIES			STZ	TEME	NT	3
DESCRIPTION OF EVENT	GR(RECI)SS EIPTS	CONTRI INCLU		GROS REVEN		DIRE(EXPEN:		-	INC (LO	-
BIRDHOUSE PROJECT AND CONCERT MASTER SERIES		5,929. 9,557.				929. 557.				9,9 8,2	
TO FM 990, PART I, LINE	9 90	5,486.			96,	486.	8,32	20.	8	8,1	56.
FORM 990 OTHER CH DESCRIPTION	HANGES	IN NET	ASSETS	GORF	'UND BA	LANCI	ES	STA	ATEME		4
CHANGE IN VALUE OF INTER	REST IN	AGENC	Y ENDOV	MENT	FUND		-			3,1	 14.:
TOTAL TO FORM 990, PART	I, LINH	E 20					-		<	3,1	14.:
FORM 990		ОТН	ER EXPI	INSES				STA	TEME	NT	5
	(A))		(B))GRAM	MA	(C) NAGEN	MENT		(D)	
DESCRIPTION	TOTA	AL.		RVICES			NERAL	FU	JNDRA	ISI	ŊĠ
SUMMER MUSIC CAMP CHORUS PROGRAMS DUES AND		3,533. 3,317.		28,53 3,31							
SUBSCRIPTIONS MEALS AND		2,424.		72	.7.	-	1,697.				
ENTERTAINMENT INSURANCE		2,439. 3,477.		24 8,08	4.		1,707. 5,391.			43	88.

20 STATEMENT(S) 2, 3, 4, 5 13041216 781331 19298-19298 2007.07040 W. O. SMITH NASHVILLE COMMU 19298-11

58-1560499

W. O. SMITH NASHVILLE COMMUNITY MUSIC SC

PROFESSIONAL				
SERVICES	12,215.		12,215.	
PROMOTION AND				
PUBLICITY	3,983.			3,983.
SECURITY SYSTEM	968.	581.	387.	
GIFTS AND FLOWERS	1,116.	558.	558.	
CULTURAL EVENTS	714.	714.		
INTERNET/WEBSITE	3,883.	3,495.	388.	
MUSIC SUPPLIES	2,895.	2,895.		
MISCELLANEOUS				
EXPENSE	8,049.	4,618.	3,090.	341.
OTHER SPECIAL EVENTS				
EXPENSE	0.			
UTILITIES	6,754.	4,052.	2,702.	
PROFESSIONAL				
DEVELOPMENT	75.			75.
DIRECT COSTS RELATED				
TO RENOVATED				
FACILITY	41,479.	41,479.		
GROUND BREAKING				
EVENT	0.			
DONATED GIFTS TO				
PROGRAM PARTICIPANTS	0.			
TOTAL TO FM 990, LN 43	132,321.	99,299.	28,135.	4,887.

58-1560499

W. O. SMITH NASHVILLE COMMUNITY MUSIC SC

FORM 990	CASH GRANTS AND ALLOG TO INDIVIDUALS	CATIONS	STATEMENT 6
CLASS OF ACTIVITY/DON	EE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP JEREMY TAYLOR 1111 STRAIGHTWAY AVE NASHVILLE, TN 37206		NONE	750.
SCHOLARSHIP NATHAN KNIGHT 130 STEPHANIE PLACE NASHVILLE, TN 37072		NONE	1,500.
TOTAL INCLUDED ON FOR	M 990, PART II, LINE 221	3	2,250.
FORM 990	OTHER INVESTMEN	NTS	STATEMENT 7
DESCRIPTION		VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST I	N AGENCY ENDOWMENT FUND	COST	91,981.
TOTAL TO FORM 990, PA	RT IV, LINE 56, COLUMN H	3	91,981.

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58-1560499

FORM 990 OTHER NOTES AND LOANS PA	YABLE	STATEMENT	8
LENDER'S NAME TERMS OF REPAYMENT			
BANK OF AMERICA MONTHLY			
DATE OF MATURITY ORIGINAL INTEREST NOTE DATE LOAN AMOUNT RATE			
08/29/07 03/28/13 4,000,00000%			
SECURITY PROVIDED BY BORROWER PURPOSE OF LOA	N		
DEED OF TRUST ON PROPERTY CONSTRUCTION			
RELATIONSHIP OF LENDER			
NONE	FMV OF		
DESCRIPTION OF CONSIDERATION	CONSIDERATION	BALANCE DUE	
CASH	4,000,000.	960,00	
	4,000,000.	960,00	0.
CASH	4,000,000.		0.
CASH TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, C	4,000,000.	960,00	0.
CASH TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, C FORM 990 OTHER REVENUE NOT INCLUDED C	4,000,000.	960,00 	0.
CASH TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, C FORM 990 OTHER REVENUE NOT INCLUDED C DESCRIPTION EXPENSES DIRECTLY RELATED TO FUNDRAISING EVENTS CHANGE IN VALUE OF BENEFICIAL INTEREST	4,000,000.	960,00 STATEMENT AMOUNT 8,32 <3,11	0. 0. 9 0. 4.> 9.>
CASH TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, C FORM 990 OTHER REVENUE NOT INCLUDED C DESCRIPTION EXPENSES DIRECTLY RELATED TO FUNDRAISING EVENTS CHANGE IN VALUE OF BENEFICIAL INTEREST DIRECT DONOR BENEFITS	4,000,000.	960,00 STATEMENT AMOUNT 8,32 <3,11 <10,64 <5,44	0. 0. 9 0. 4.> 9.>
CASH TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, C FORM 990 OTHER REVENUE NOT INCLUDED C DESCRIPTION EXPENSES DIRECTLY RELATED TO FUNDRAISING EVENTS CHANGE IN VALUE OF BENEFICIAL INTEREST DIRECT DONOR BENEFITS TOTAL TO FORM 990, PART IV-A	4,000,000.	960,00 STATEMENT AMOUNT 8,32 <3,11 <10,64 <5,44	0. 0. 9 0. 4.> 9.> 3.>
CASH TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, C FORM 990 OTHER REVENUE NOT INCLUDED C DESCRIPTION EXPENSES DIRECTLY RELATED TO FUNDRAISING EVENTS CHANGE IN VALUE OF BENEFICIAL INTEREST DIRECT DONOR BENEFITS TOTAL TO FORM 990, PART IV-A FORM 990 OTHER EXPENSES NOT INCLUDED	4,000,000. OLUMN B ON FORM 990	960,00 STATEMENT AMOUNT 8,32 <3,11 <10,64 <5,44 STATEMENT	0. 0. 9 9. 3.> 10 0.

23 STATEMENT(S) 8, 9, 10 13041216 781331 19298-19298 2007.07040 W. O. SMITH NASHVILLE COMMU 19298-11 SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11 PART III, LINE 3A

GRANTS AND LOANS ARE AVAILABLE TO W. O. SMITH STUDENTS WHO WISH TO PURSUE A COLLEGE DEGREE IN MUSIC. THE DIRECTOR RECOMMENDS THE STUDENT FOR A SCHOLARSHIP, GRANT, OR LOAN. FINAL APPROVAL FOR THE FUNDING IS MADE BY THE BOARD OF DIRECTORS.

 Internal Revenue If you are f If you are f 	Service	► File a separation for the separati	arate application for each	ch return.					
 If you are f Do not comp 		ic 3-Month Extension. complet		spartment of the Treasury ternal Revenue Service File a separate application for each return.					
Part I	olete Part II unless	al (Not Automatic) 3-Month Ext you have already been granted a	ension, complete only	Part II (on page 2 of the	s form).				
	Automatic 3-	Month Extension of Time	Only submit original (r	no copies needed).					
-		n 990-T and requesting an autor			mplete				
		120-C filers), partnerships, REMI	Cs, and trusts must use	e Form 7004 to request a	an exten	sion of time			
noted below (not automati you must sub	iling (e-file). Genera (6 months for a corp ic) 3-month extension prit the fully comple	Ily, you can electronically file Formoration required to file Form 990- n or (2) you file Forms 990-BL, 60 ted and signed page 2 (Part II) of ile for Charities & Nonprofits.	T). However, you canno 169, or 8870, group retu	ot file Form 8868 electro Irns, or a composite or c	nically if onsolida	(1) you want the additio ated Form 990-T. Instead			
	Name of Exempt Org				Emp	loyer identification nun			
		I NASHVILLE COMMU	NITY		_	0 1 5 6 0 4 0 0			
File by the	AUSIC SCHO				5	8-1560499			
filing your	Number, street, and 1125 8TH A	room or suite no. If a P.O. box, se /E SOUTH	e instructions.						
instructions.		ice, state, and ZIP code. For a fo	reign address, see insti	ructions.					
Check type	of return to be filer	(file a separate application for ea	ch return):						
X Form 9 Form 9 Form 9 Form 9	90-BL 90-EZ	Form 990-T (corporation Form 990-T (sec. 401(a) Form 990-T (trust other Form 1041-A	or 408(a) trust)	Form 4	5227 5069				
The books	s are in the care of	JONAH RABINOWIT	Ϋ́Ζ						
 If the orga If this is for the organication of t	or a Group Return, e	55 - 8355 ave an office or place of business inter the organization's four digit C ne group, check this box \blacktriangleright	Group Exemption Numb	er (GEN) If t	his is fo	r the whole group, check			
FI is for th ►		onth (6-months for a corporation <u>2009</u> , to file the exempt urn for: <u>JUL 1, 2007</u>	organization return for	,		The extension			
2 If this ta	ax year is for less th	an 12 months, check reason: [Initial return	Final return		Change in accounting p			
3a If this a	application is for For	m 990-BL, 990-PF, 990-T, 4720, c	r 6069, enter the tental	tive tax, less any					
nonrefu	undable credits. See	instructions.		-	3a	\$			
		m 990-PF or 990-T, enter any refu		mated		•			
		e any prior year overpayment allo 3b from line 3a. Include your pa		r if required	3b	\$			
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	structions.	,,,,		, ,	3c	\$ N/A			
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W.O. Smith Nashville Community Music School

Collegiate Scholarship Fund Application Eligibility and Requirements

The W.O. Smith/Nashville Community Music School provides scholarships to aid W.O. Smith School students who have been accepted, as music majors, to accredited colleges or universities in the United States.

Grants are available in the amount of \$1,500 per academic year, not to exceed \$6,000 for four years. These scholarships can be used for living expenses or other expenses incurred as part of the college experience, i.e. instrument, music, books, travel, etc.

Scholarships are available to:

W.O. Smith School College bound seniors Former W.O. Smith School students currently enrolled in undergraduate courses of music study

Qualified applicants must submit the W.O. Smith School Collegiate Scholarship Application and all of the requested accompanying materials. An interview/audition will be required of all applicants. Members of the Board of Directors, faculty, and staff of the W.O. Smith/Nashville Community Music School will conduct interviews.

All scholarships recipients will make semi-annual reports to the W.O. Smith School. Reports must include a description of how the loaned funds were used and a report of current studies and grades.

Please address inquires and completed applications to:

The W.O. Smith/Nashville Community Music School P.O. Box 121348 Nashville, TN 37212-1348



W.O. Smith Nashville Community Music School Board of Directors & Officers 2007-2008

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NML Robert W. Baird Securities P.O Box 121679 Nashville, TN 37212-1679 742-8746 504-6936 742-8790 Whitbridge15@aol.com

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Mr. Rod Essig, '08

Creative Artists Agency, Inc. 3310 West End Avenue, Suite 500 Nashville, TN 37203-1087 383-8787 ressig@caa.com

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Ms. Lisa Harless, '10

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