Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<u> </u>	For the	2012 cale	ndar year, or tax year beginning , 2012, and ending	i	, 20				
В	Check if	applicable:	C Name of organization Ansonia Music Outreach Organization, Inc.		D Employe	r identification nu	mber		
	Address	change	Doing Business As			13-3674001			
	Name cn	nange	Number and street (or P.O. box if mail is not delivered to street accress; Room/sui	e	E Telephon				
	Initial retu	urn	330 Wadsworth Avenue	2G		212-567-3554			
	Terminat	ted	City, town or post office, state, and ZIP code						
$\bar{\Box}$	Amended	d return	New York, NY 10040-4137		G Gross red	ceipts \$	177,524		
$\overline{\Box}$		ion pending	F Name and address of principal officer: Mark Lieb	H(a) is this					
_	. ,-,-	9	330 Wadsworth Avenue, 2G New York, NY 10040	1	a) is this a group return for affiliates? Yes Volume No. (b) Are all affiliates included? Yes No.				
_	Taxaver	mpt status:				list. (see instructio			
<u>:</u>	Website		w.ansoniamusic.org		p exemption				
K			✓ Corporation Trust Association Other ► L Year of format			of legal domicile:	NY		
	art I	Summ		On. 1992	in State t	or legar connecte.	191		
·			escribe the organization's mission or most significant activities: Ansoni	a Music Out	reach is de	edicated to brin	ging the		
			isic to a broad audience, through arts education, work with economically an						
Se	1		erts and events in uderserved communities. Our mission is to help establis						
паг	1		***************************************	ii tiie inusic	di ai 15 a5 a	i ilioi e esseiida	ianu		
ě	1		experience in the lives of the general public.		050/ 06:	to not coosto			
Activities & Governance	T.		his box \triangleright if the organization discontinued its operations or disposed of		1 (is her assers.	_		
٩ð	3		of voting members of the governing body (Part VI, line 1a)		}		3		
ies	4		of independent voting members of the governing body (Part VI, line 1b)		<u> </u>		0		
Ξ	1						9		
Ac	6		mber of volunteers (estimate if necessary)		6		3		
			related business revenue from Part VIII, column (C), line 12	. 7a		0			
_	ь	Net unre	lated business taxable income from Form 990-T, line 34	Prior Y	. 7b	Current Ye	0		
Revenue				- FIIOT 1		Current 16			
	8		tions and grants (Part VIII, line 1h)		197,226		169,770		
	9		service revenue (Part VIII, line 2g)	-1	1,590		2,642		
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)						
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 			5,112		
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		198,816		177,524		
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)						
	14		paid to or for members (Part IX, column (A), line 4)						
ės	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		137,579		128,477		
ens	16a		onal fundraising fees (Part IX, column (A), line 11e)			10.180			
Expenses	b		ndraising expenses (Part IX, column (D), line 25)		4 2 27 47 4 4				
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,606		64,746		
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		193,185		193,223		
	19	Revenue	e less expenses. Subtract line 18 from line 12		5,631		(15,699)		
let Assets or	Ses			Beginning of C	urrent Year	End of Ye	ar		
sets	[20	Total as	sets (Part X, line 16)	to the con-	88,404		72,816		
¥.	21		bilities (Part X, line 26)		22,779		22,890		
ž,	22	Net ass	ets or fund balances. Subtract line 21 from line 20		65,625		49,926		
E	art II	Signa	iture Block						
U	nder pena	alties of per	ury, I declare that I have examined this return, including accompanying schedules and state olete. Declaration of preparer tother than officer; is based on all information of which prepare	ments, and to	the best of r	my knowledge and	d belief, it is		
- tr	ue, correc	ct, and com	biete. Declaration of preparer total officer based of all marination of which prepare	Thas any Kno	Medge.	_//2			
		 	What de		_ <i>J</i> L	<i>کلل</i>			
	ign	Sig	nature pof officer / / / / / / / / / / / / / / / / / / /		Date				
H	ere	N _	Mark heb, residen						
		Тур	pe or print name and title						
P	aid	Print/T	ype preparer's name Preparer's signature D	ate	Check	if PTIN			
	repare	er			self-em	ployed			
	se On		name 🕨	Fi	rm's EIN 🕨				
		Firm's	address ▶	P	none no.				
М	ay the I	RS discu	ss this return with the preparer shown above? (see instructions)		· · · ·	✓ Ye			
						_	000 /0040		

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	see Schedule O page 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 159,728 including grants of \$) (Revenue \$)
74	Access to Music: Our Access to Music program presented a total of 39 concerts to underserved audiences in the New York City
	community. We also presented over 150 hours of music and opera appreciation classes at 3 community centers.
41.	(Outline) / (Foregoing to the control of the contro
4b	(Code:) (Expenses \$ 3,871 including grants of \$) (Revenue \$) Music for the Young: We worked on planning and establishing residencies at New York City schools.
	Music for the Young: We worked on planning and establishing residencies at New York City scribols.
4c	(Code:) (Expenses \$ 12,335 including grants of \$) (Revenue \$)
	Composer Workshop: We worked on two commission projects and signed a contract with Albany Records to release our recording
	project of Stockhausen's Zeitmasze and Schoenberg's Wind Quintet Op 26.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 175 934

Part	Checklist of Required Schedules			ugo o
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f		11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		√
b	Schedule D, Parts XI and XII	12a		√
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a		14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	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 III	19		1
20 a	The second secon	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part I	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		· ·
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	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 assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	<u> </u>
		For	m 990	(2012)

art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Lab 0	- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	>	3886
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	V	iida y
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			11.1.874 1888
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or aifts were not tax deductible?	6ь		Ì
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
'а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6	<u> </u>	1
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		†
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	9b		
b 10	Section 501(c)(7) organizations. Enter:	0.5		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	14a		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+
b	ii res, has it lieu a romi rzu to report these payments? If ivo, provide an explanation in schedule o	170	<u> </u>	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.			
Coati	Check if Schedule O contains a response to any question in this Part VI	· ·		. 🗸			
Secu	on A. Governing Body and Management	Т	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		165	140			
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.	et form					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2		/			
·	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1			
6	Did the organization have members or stockholders?	6		✓			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?	7a		✓_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		3154L115			
_	the year by the following:						
а	The governing body?	8a	✓	230,300,035			
b	Each committee with authority to act on behalf of the governing body?	8b	√				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
0 - 41	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.) Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	√			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		-			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	<u>√</u>	-			
b		12b	✓	-			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	/				
13	Did the organization have a written whistleblower policy?	13	•	1			
14	Did the organization have a written document retention and destruction policy?	14		/			
15	Did the process for determining compensation of the following persons include a review and approval by						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official	15a	<u>√</u>				
b	Other officers or key employees of the organization	15b	<u> </u>				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		✓			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1040 (1,11)				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
Coot	organization's exempt status with respect to such arrangements?	16b		<u></u>			
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ see Schedule O page 2						
18	List the states with which a copy of this Form 990 is required to be filed ► see Schedule O page 2 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	(,,-,-	- · · · ,)			
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inter	est p	oolicy,			
	and financial statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;				
	organization: ► Mark Lieb 330 Wadsworth Avenue 2G New York, NY 10040 (212) 567-3554						

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n co	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per							(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) see Schedule O page 3										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)				-						
(11)										
(12)	-									
(13)										
(14)										

Page 7

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than or box, unless person is both a officer and a director/truste					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations		(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		compensation from the organization and related organizations
15)							ш					**
16)												
17)												
18)												
19)												
20)												
21)												
22)												
23)												
241												
25)								-				
	0.1.4.4.1											
C	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)				· ·	· ·		>				
2	Total number of individuals (including bureportable compensation from the organ		d to th	ose	e lis	ted	abov	e) w	vho received m	ore than \$10	00,000	of
3	Did the organization list any former o employee on line 1a? If "Yes," complete							emp	ployee, or high	nest comper	nsated 	Yes N
4	For any individual listed on line 1a, is th organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	cor ,000	npe)? <i>i</i>	nsation 'f "Ye	on a es,"	and other complete Sci	pensation from the dule of the	om the r <i>such</i> 	4
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue c	ompe comp	nsa lete	tior Sci	fro hed	m an ule J	y ur for	nrelated organi such person	zation or ind		5 ,
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Re year.	compensa port compe	ted in ensati	dep on f	enc for t	lent he d	cont	ract dar	tors that receiv year ending wi	ed more tha th or within t	n \$100 the org),000 of ganization's tax
	(A) Name and business ad	dress							(B) Description of	services		(C) Compensation
											-	
2	Total number of independent contract	ors (includ	ina b	ut r	not	limi	ted t		hose listed at	oove) who		

Part	VIII	Statement of Revenue Check if Schedule O contains a	response to any gues	tion in this Dart	./III		
		CHECK II GOIREQUIE O CONTRAITS &	incaponae to diffy ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts Its	1a	Federated campaigns	1a			27.5	
iran	b	Membership dues	1b				
s, G	С	Fundraising events	1c				
ar L	d	Related organizations	1d				
imil	е	Government grants (contributions)	1e 13,880		emercener		
i s	f	All other contributions, gifts, grants,					
ig f		and similar amounts not included above	1f 155,890			ar ar	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 18	a-1f: \$				
	h	Total. Add lines 1a-1f		169,770			
E E			Business Code		and the second of the second o		
evel	2a	Venue Fees	711130	2,642			
ē.	b						
ŠZ	C						
Se	d						
Program Service Revenue	e	All alban and and an air and a					
õ	f	All other program service reven		2.042			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including		2,642			
		and other similar amounts) .					
	4	Income from investment of tax-exe					
	5	Royalties					
		(i) Rea					
	6a	Gross rents					
	b	Less: rental expenses			and the second		
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Secur	ities (ii) Other				
		assets other than inventory			Michael Co.		
	b	Less: cost or other basis					
		and sales expenses .					3.65.
	С	Gain or (loss) .				And the second second	For a constant
	d	Net gain or (loss)	<u> </u>		1. 1. C. (0. S) C. (1. L. (1.		
enne/	8a	Gross income from fundraising events (not including \$			The state of the s		
Other Reve		of contributions reported on line See Part IV, line 18	* 1				
ŧ	b	Less: direct expenses					
_	С	Net income or (loss) from fundr					4 190 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	9a	Gross income from gaming active See Part IV, line 19					
		· ·	-	+	10000000		
	b	Less: direct expenses Net income or (loss) from gami					
	10a	Gross sales of inventory,				Carrier Control	
	IUa		. a				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales		y tipertuer de magnetière (PLD)			PERSONAL CONTRACTOR OF THE PERSON OF T
		Miscellaneous Revenue	Business Code				
	11a	Workers Comensation Refund	525190	5,112		Maria Ma	Land Commission Commission (CSC)
	b	WOIREIS COMENSATION RETAIN					
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d		5,112	2	Aller a jedina	
	10	Total revenue See instruction		4== =0	.		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-	se to any question i	n this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			oldinghuman	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	55,269	55,269		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,209	33,203		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,239 2,586	56,239 2,586		
9	Other employee benefits	5,334	5,334		11.3
10	Payroll taxes	9,049	9,049		
11	Fees for services (non-employees):				
a	Management				
b	Legal	2,389		2,389	
d	Lobbying	2,369		2,369	
e	Professional fundraising services. See Part IV, line 17			2017 PH (SEE)	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,385		614	1,771
12	Advertising and promotion	11,938	11,938		
13	Office expenses	4,304	669		3,635
14	Information technology	1,983	1,463		520
15	Royalties				
16	Occupancy	15,297	10,149	5,148	
17	Travel	3,145	3,145		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	1,547	.,	1,547	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	1,102	1,102		
23	Insurance	604	604		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		Salper a		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Music and Scores	1,828	1,828		
b	Telephone	1,794	1,014		780
С	Software & Equipment	11,843	11,843		
d	Equipment Rental	1,700	1,700		
е	All other expenses Utilities	2,887	2,002		
25	Total functional expenses. Add lines 1 through 24e	193,223	175,934	10,583	6,700
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if the only if the organization in the column is the column in the column. If the column is the column is the column is the column in the column in the column is the column in the column is the column in the column in the column in the column is the column in the column in the column in the column is the column in the column in the column in the column is the column in the column in the column in the column in the column is the column in the co				

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 1 Cash-non-interest-bearing 80,465 57,684 2 Savings and temporary cash investments 2 3 3 4 1,815 10,110 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,124 10c Less: accumulated depreciation 10b 1,102 5.022 b 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11. 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 88,404 16 72,816 22.779 17 22,890 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 22,890 Total liabilities. Add lines 17 through 25 . . . 22,779 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 15,500 2,755 27 28 50,125 47,171 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 49,926 65,625 33 34 72,816 Total liabilities and net assets/fund balances . 88,404 Form 990 (2012)

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				✓				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17	7,524				
2	Total expenses (must equal Part IX, column (A), line 25)	2		19	3,223				
3	Revenue less expenses. Subtract line 2 from line 1	3		(15	5,699)				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	5 Net unrealized gains (losses) on investments								
6	6 Donated services and use of facilities								
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		4	19,926				
Part	Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>							
			C 1 1 1 1 2 2	Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- 5.3						
If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	леа о	1						
	<u> </u>								
	Separate basis Consolidated basis Both consolidated and separate basis		. 2b		1				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	d on			-				
	separate basis, consolidated basis, or both:	u on i	4						
	·								
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiat	nt l	expeligioni					
С	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1					
	If the organization changed either its oversight process or selection process during the tax year, ex				34.5				
	Schedule O.	F	i i i i i i i i i i i i i i i i i i i		The section				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	42.8585577					
Ja	the Single Audit Act and OMB Circular A-133?		. За		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		e						
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b						
			For	m 99 0	(2012)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

<u>Ansoni</u>	a Music Outreach								13-36	
Part	Reason fo	or Public Chai	r ity Status (All orgai						structio	ns.
•	•	•	tion because it is: (For		_					
			nes, or association of			d in sect	ion 170(l	b)(1)(A)(i).		
2			170(b)(1)(A)(ii). (Attac							
3	A hospital or a	cooperative hos	spital service organiza	tion desc	ribed in s	ection 1	70(b)(1)(/	A)(iii).	(1.1/41/41/	***
4 [hospital's nam	e, city, and state								
5 [n operated for ()(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or o	perated	by a gov	ernment	al unit described in
	An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of					t or from	n the general public
8 [n section 170(b)(1)(A)		nplete Pa	rt II.)				
	•		receives: (1) more that				m contri	butions, r	nembers	hip fees, and gross
	receipts from support from acquired by th	activities related gross investme e organization a	d to its exempt functi ent income and unrel fter June 30, 1975. Se	ions—sub ated bus ee sectio	oject to c siness tax n 509(a)(2	ertain ex kable inc 2). (Comp	ceptions ome (les olete Part	, and (2) s section III.)	no more 511 ta	than 331/3% of its
10 [🗌 An organizatio	n organized and	l operated exclusively	to test fo	r public s	afety. Se	e sectio i	n 509(a)(4	l).	
11 [purposes of o	ne or more pub	nd operated exclusive blicly supported organ	nizations	described	l in secti	on 509(a)(1) or se	ction 50	9(a)(2). See section
			describes the type of							
. г	a ☐ Type l	b ☐ Type	II c Type III that the organization							ionally integrated
e l	other than fou or section 509	ndation manage	that the organization ers and other than one	e or more	publicly	supporte	ed organi	zations d	escribed	in section 509(a)(1)
f			a written determinatio	on from t	the IRS t	hat it is	а Туре	i, Type II	, or Typ	e III supporting
		check this box								
g	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	ny of the		
	(i) A person v (iii) below,	who directly or i the governing b	indirectly controls, eithody of the supported of	her alone organizat	or toget ion?	her with	persons	described	l in (ii) ai	11g(i) Yes No
			on described in (i) abo							11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (i) or (ii) -	above? .					11g(iii)
h	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).					T
(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	the organ	rou notify nization in of your port?	(vi) la organizat (i) organiz U.S	zed in the	(vii) Amount of monetary support
			(see instructions))	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)	- All Control of the									
					1	1	1	1 - 3 - 3		1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total grants, contributions, Gifts, membership fees received. (Do not include any "unusual grants.") . . . levied for the Tax revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. Section B. Total Support (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) %_ Public support percentage from 2011 Schedule A, Part II, line 14 15 15 16a 331/3% support test – 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to qualify	ander the tec	is listed belo	W, picase coi	inplote i dit ii	<u>·/</u>	
	on A. Public Support					1	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	109,327	118,768	161,158	155,520	169,770	714,543
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		Í			Ì	
	organization's tax-exempt purpose		1,220	2,576	1,590	2,642	8,028
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	109,327	119,988	163,734	157,110	172,412	722,571
7a	Amounts included on lines 1, 2, and 3	100,027		,			,
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		j				
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		SUB-LIFT CONTROL				
8	Public support (Subtract line 7c from line 6.)						722.574
Cooti	on B. Total Support				1		722,571
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	109,327	119,988	163,734	157,110	172,412	722,571
10a	Gross income from interest, dividends,	103,327	113,300	100,754	137,110	1,2,112	,,,,,,
100	payments received on securities loans, rents,						
	royalties and income from similar sources .				Ì		
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					AAA	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	ļ					
	and 12.)	109,327	119,988	163,734	157,110	172,412	722,571
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he			<u> </u>			· · • [
Secti	on C. Computation of Public Suppo					11	
15	Public support percentage for 2012 (line					15	100 %
16	Public support percentage from 2011 Sc			<u> </u>		16	100 %
	ion D. Computation of Investment Ir				(5)	47	0/
17	Investment income percentage for 2012					17	<u>%</u>
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18 ore than 331/20	% and line
19a	33 ¹ / ₃ % support tests—2012. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	nization did not	The organization	con ime 14, ar on qualifies as 1	iu iirie 15 is M a nublick europ	nted organizati	on . \triangleright
_							
b	33 ¹ / ₃ % support tests—2011. If the organi line 18 is not more than 33 ¹ / ₃ %, check this	boy and stop b	neck a box on	inie 14 Or IIIIE I ization qualifies	as a nublicky ei	upported organ	ization $ ightharpoonup$
	Private foundation. If the organization of						
20	Private foundation, if the organization of	ни посспеск а	DOX ON TIME 14	, 13a, UI 13D, C	VIICOV TIIIO DOX	and see mond	,,,o,,,o

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ansoni	a Music Outreach Organization, Inc.		13-3674001
Part		r Advised Funds or Other Similar Fu	ands or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		4444.
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
	funds are the organization's property, subject		-
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the		
Dord		lete if the organization answered "Yes	
			to Form 990, Fait IV, line 1.
1	Purpose(s) of conservation easements held to	recreation or education) Preservation	of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation	of a certified flistoric structure
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	ition in the form of a conservation
-	easement on the last day of the tax year.	tion flora a qualified beneel valieti contribu	
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas	ements	2b
С	Number of conservation easements on a cer		f
d	Number of conservation easements includ		
	historic structure listed in the National Regis	ter	· · 2d
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written pol		
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements during the year
	>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
•	> \$	an line O(d) above esticfy the requirement	o of section 170(h)(4)(R)
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	· · · · · · · · · · · Yes · No
_	()		
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the	eports conservation easements in its rever	financial statements that describes the
	organization's accounting for conservation		manolal statements that accombes the
Parl		ections of Art, Historical Treasures,	or Other Similar Assets.
T Cit		vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	similar assets held for public exhibition,	education, or research in furtherance o
	public service, provide, in Part XIII, the text	of the footnote to its financial statements t	hat describes these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in it	ts revenue statement and balance shee
	works of art, historical treasures, or other	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide the following amount		
	(i) Revenues included in Form 990, Part VIII	, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		. > \$
2	If the organization received or held works		ilar assets for financial gain, provide the
	following amounts required to be reported u	inder SFAS 116 (ASC 958) relating to thes	
а	Revenues included in Form 990, Part VIII, lir	ne 1	▶ \$
h	Accets included in Form 990, Part Y		> ¢

Page 2	2
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Part										
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and	other recor	ds, chec	k any of the	follow	ing that are a s	ignificant use of its		
а	☐ Public exhibition		d	Loan	or exchange	e progra	ams			
b	☐ Scholarly research		е	Othe	r					
С	☐ Preservation for future generations									
4	Provide a description of the organizat	ion's collections	s and expla	in how t	hey further t	the orga	anization's exen	npt purpose in Part		
	XIII.									
5	During the year, did the organization	solicit or receiv	e donation	s of art,	historical tre	easures	, or other simila	ar		
	assets to be sold to raise funds rather									
Part	rt IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,									
	line 9, or reported an amoun	t on Form 990	, Part X, li	ne 21.						
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or c	other interm	ediary fo	or contributi	ons or	other assets no	ot ☐ Yes ☐ No		
b	If "Yes," explain the arrangement in Pa	art XIII and com	plete the fo	llowing to	able:		A	mount		
_	Decimales belonce					10	7,			
C	Beginning balance					1c 1d	1			
d	Additions during the year					1e	 			
e	Distributions during the year Ending balance					1f				
f	Did the organization include an amour							☐ Yes ☐ No		
2a h	If "Yes," explain the arrangement in Pa									
Pari		ete if the organ	nization ar	swered	"Yes" to F	orm 99	0, Part IV, line	10.		
		(a) Current year		or year	(c) Two year			k (e) Four years back		
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses					ļ				
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	•	end balanc	e (line 1g	g, column (a)) held a	ıs:			
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%	,							
С	Temporarily restricted endowment		-							
	The percentages in lines 2a, 2b, and 2				at ara bald	and ad	ministered for th	20		
3a	Are there endowment funds not in thorganization by:	e possession of	the organi	zanon m	at are neiu	and adi	ministered for th	Yes No		
	,							3a(i)		
	(i) unrelated organizations (ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organ			n Sched	lule B?			3b		
4	Describe in Part XIII the intended uses									
Par										
	Description of property	(a) Cost o	or other basis stment)	(b) Cost	or other basis other)		Accumulated preciation	(d) Book value		
1a	Land		- 11							
b	Buildings						S. J. Desposopi G. Canada			
c	Leasehold improvements									
d	Equipment				6,124		1,102	5,022		
е	Other									
Total	Add lines 1a through 1e. (Column (d) r	nust equal Forn	n 990, Part	X, colum	n (B), line 10)(c).) .	•			

Part VII	Investments – Other Securities	. See Form 330, Fait A	i, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related	d. See Form 990, Part	X, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total, (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Pa	art X, line 15.	F
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
ILAI			
(9)			
(10)	olumn (b) must equal Form 990, Part X, c	col. (B) line 15.)	
(10) Total. (Co	olumn (b) must equal Form 990, Part X, o		
(10) Total. (Co	Other Liabilities. See Form 990 (a) Description of liability		· · · · · · · · · · · · · · · · · · ·
(10) Total. (Co	Other Liabilities. See Form 990	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25.	
(10) Total. (Co Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. See Form 990 (a) Description of liability), Part X, line 25. (b) Book value	

Schedu	e D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b]	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial Staten			er Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		SS S TV SE A SS S S	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	·			
b	Other (Describe in Part XIII.)			1 1	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.).		5	
	XIII Supplemental Information				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b attion.				
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Schedule D (Form 990) 2012 Page						
Part XIII	Supplemental Information (continued)					

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#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

Ansonia Music Outreach Organization, Inc.	13-3674001							
Part III Question 1 (Organization Mission):								
Ansonia Music Outreach is dedicated to bringing the gift of music to a broad audience, through our wo	Ansonia Music Outreach is dedicated to bringing the gift of music to a broad audience, through our work with young people at public and							
private schools, our efforts to bring the musical arts to low-income and underserved communities, and	d our concerts and events for the							
elderly, the ill, and the physically disadvantaged. We have served New York City since 1992, providing	quality cultural experiences to our							
target audiences, making the arts more accessible to all people. Our mission is to help establish the n	nusical arts as a more essential and							
valuable experience in the lives of the general public.								
Our Access to Music program offers arts events such as free live concerts, music appreciation classes	s, open rehearsals, and interactive							
workshops to underserved communities and audiences who because of illness, age, lack of exposure,	or economic means, are not capable							
of attending, or choose not to attend such events in traditional settings.								
Our Music for the Young program presents innovative projects to young people that inspire interest in	classical music and the arts,							
encourages creativity, and helps make the arts an integral part of the school curriculum.								
Our Composer Workshop gives composers of merit the opportunity to create new works, makes access	ssible important music of out time, and							
works on ways in which the particular musical style or message of new works can be communicated to	o a general audience, particularly							
young audiences.								

Name of the organiz	ation			Employer identification number
Ansonia Music O	Outreach Organization, I	13-3674001		
Part VI Section B	Line 12c			
We have a writte	n conflict of interest pol	licy All employees	s are informed of this policy and are asked to co	inform to it as well as to inform
THE HAVE A WITHE	in commet of interest por	icy. All employees	sure mistines of this policy and are assess to es	
management of a	any issues regarding it,	themselves, and o	thers in the organization.	
Part VI Section B	3 Line 15a			
0	Ad			
Compensation to	or Mark Lieb, Artistic Dii	ector/President is	determined each year by looking at total time ar	na responsibility required to fulfill
the position. In 2	2012, Mr Lieb was respo	nsible for all prima	ary programmatic, fundraising, and administrati	ve duties, as well as functioning
as a performer/cl	larinetist at all 39 perfor	mances during the	year. Considering this, compensation was det	ermined and approved by
the Board of Dire	ectors.			
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Part VI Section C	Line 17: States with wh	nich a copy of this	990 is filed:	
California	Massachusetts	New Jersey	Minnesota	
Now York	Washington	Florida	Missouri	
New York	wasiiiigtoii	i ionua	WISSOUT	
North Carolina	West Virginia	Michigan	Maryland	
Ohio	Wisconsin			
D				
Part VI Section C	Line 19			
The 990s and Fir	nancial Statements of A	nsonia Music Outr	each are made available on our website: www.a	nsoniamusic.org.
Also available or	n our website is our IRS	Tax Determination	Letter. Our Conflict of Interest and other gove	rning documents, as well as
any financial sta	tements and 990s are a	vailable by writing	to Ansonia Music Outreach; 330 Wadsworth Av	enue 2G; New York, NY 10040;
or by calling (21)	2) 567-3554, or by conta	cting the New York	s State Department of Law, Charities Bureau at 1	20 Broadway,
3rd Floor; New Y	ork, NY 10271			

2012 Page 3

EIN: 13-3674001

Ansonia Music Outreach Organization, Inc.

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

Name and Title	Avg hrs per week	Position	Reportable comper From the org. W-2		Reportable Comp from related orgs	Other Comp
Mark Lieb Artistic Director President	40	Key employee Highest Compensated employee Officer / Musician	e 69,200	*	0	0
Simon Saad Musician Treasurer	30	Key employee Officer / Musician	25,000) **	0	0
Karina Glasinovic Secretary	1	Officer / Musician	1,600	***	0	0
* Mark Lieb's compo (see Schedule O Pa	ensation for 2012: art VI Section B Line 15a)	President: Artistic Director: Musician/Performer:	0 43,388 <u>25,812</u> 69,200			
** Simon Saad`s Co	mpensation for 2012:	Treasurer: Assistant Program Manager: Musician/Performer:	0 10,577 <u>14,423</u> 25,000			
*** Karina Glasinov	cic's Compensation for 201	2: Secretary: Musician / Performer:	0 <u>1,600</u> 1,600			