Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

nter	rnal Reveni	ue Service	► Information about Form 990 and its instructions is at www.irs.	gov/form990).	Inspect	ion
A	For the	2014 cale	ndar year, or tax year beginning , 2014, and ending			, 20	
В		applicable:	C Name of organization Ansonia Music Outreach Organization, Inc.		D Employe	r identification nu	ımber
	Address	change	Doing business as			13-3674001	
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	е	E Telephone		
	Initial reta	Ť	330 Wadsworth Avenue	2G	212-567-3554		
7		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			212 007 0001	
\exists	Arriended		New York, NY 10040-4137		G Gross red	reints \$	203,012
		ion pending	F Name and address of principal officer: Mark Lieb	H(a) Is this a cr		ubordinates? Yes	
	прысан	ion pending	330 Wadsworth Avenue, 2G New York, NY 10040			included? Yes	-
I	Tay-ever	mpt status:	535 Wadsworth Avenue, 23 New York, N 16040 ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			list. (see instruction	
	Website		v.ansoniamusic.org	H(c) Group	exemption r	number ▶	
K			✓ Corporation Trust Association Other L Year of formati			of legal domicile:	NY
	art I	Summ		1332	Otate c	or regar do mone.	
-	_			Music Out	oach is de	dicated to brin	aina tho
a)			scribe the organization's mission or most significant activities: Ansonia				
Governance			sic to a broad audience, through arts education, work with economically an				ns,
rna	1		erts and events in underserved communities. Our mission is to bring the m				
ve	1		is box \blacktriangleright if the organization discontinued its operations or disposed o		1 1	is net assets.	
ŏ	i		of voting members of the governing body (Part VI, line 1a)		3		5
ο S	1		of independent voting members of the governing body (Part VI, line 1b)		4		0
itie			nber of individuals employed in calendar year 2014 (Part V, line 2a)		5		10
Activities &	i		nber of volunteers (estimate if necessary)		6		3
ĕ	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a		0
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b		0
				Prior Ye	ar	Current Ye	ar
ē	8	Contribut	ions and grants (Part VIII, line 1h)		171,889		198,142
enn	9	Program	service revenue (Part VIII, line 2g)		7,328		4,870
Revenue	10	Investme	rit income (Part VIII, column (A), lines 3, 4, and 7d)				
ш	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		179,217		203,012
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,290		132,269
Expenses	16a	Profession	inal fundraising fees (Part IX, column (A), line 11e)				
be	b	Total fund	draising expenses (Part IX, column (D), line 25) ► 7,286				
ŭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,166		69,794
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		176,456		202,063
	19		less expenses. Subtract line 18 from line 12		2,761		949
- 2				Beginning of Cu		End of Ye	ar
Net Assets or	20	Total ass	ets (Part X, line 16)		55,588		78,707
ASS	21		ilities (Part X, line 26)		2,901		25,071
Set S	22		ts or fund balances. Subtract line 21 from line 20		52,687		53,636
	art II		ture Block		02,007		00/000
			ry. I declare that I have examined this return, including accompanying schedules and states	ments, and to t	he best of m	ny knowledge and	belief, it is
			ele. Declaration of prepared other than officer is based on all information of which preparer			í	
		1			11.	12/15	
Si	gn	Sign	ature of officer	Di	ate	2//2	
	ere	l oign	Marke lieb Proceedent				
		Type	e or print name and title				
		1,	pe preparer's signature Da	ite	T	-, PTIN	
	aid		proposed of dispersion of Signature		Check self-emp		
Pı	repare						
U	se On	ly Firm's r	narne -		n's EIN ▶		
		Firm's a	address •	Pho	one no.	(7)	
Ma	ay the If	RS discus	s this return with the preparer shown above? (see instructions)			Yes	s 💹 No

Part		Statement of Program Service Accomplishments	_
		Check if Schedule O contains a response or note to any line in this Part III	
1		fly describe the organization's mission:	
		mission is to establish the musical arts as a more essential and valuable experience in the lives of the general public. Our	
		ess to Music program presents free music concerts and classes to disadvantaged and underserved populations. Our Musi	
		young program brings music programming to young people in public and private schools. Our Composer Workshop prese	nts
	cont	emporary works to our community audiences.	
2		the organization undertake any significant program services during the year which were not listed on the	
			✓ No
2		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program ices?	
		163	✓ No
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as meas	
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to total expenses, and revenue, if any, for each program service reported.	otners,
	lile	total expenses, and revenue, if any, for each program service reported.	
4a	(Co	de:) (Expenses \$ 163,053 including grants of \$) (Revenue \$ 4,870	
-14	•	ess to Music: Our Access to Music program presented 50 concerts to undererved audiences in the New York City commun	, ,
		uding concerts and workshops in conjunction with our Composer Workshop. We also presented over 150 hours of music	
		and a second sec	
	200		
4b	(Co	de:) (Expenses \$ 13,153 including grants of \$) (Revenue \$)
		poser Workshop: We began a new initiative, "Making Sense of the New", which included interactive classes and concerts	
	asso	ociated with new and modern music. We recorded Marteau's Clarinet Quintet for an upcoming commercial recording release	se. We
	beg	an work on a new work by composer, David Fulmer.	
	/0-	J. C. J. J. J. C.	\
4c	(Co	de:) (Expenses \$including grants of \$) (Revenue \$.)
4d	Oth	er program services (Describe in Schedule O.)	
		penses \$ including grants of \$) (Revenue \$)	
4e	Tota	al program service expenses ► 176,206	

Part	V Checklist of Required Schedules			age C
			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? <i>If "Yes," complete Schedule C, Part I</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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	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, 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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	ļ	✓
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 organ zation 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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			ago .
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	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		√ √
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		√
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	√	
		For	ո 990	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		, 00	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			, ,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		/
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
c -	(FBAR).			١,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a cr 5b, did the organization file Form 8886-T?	5b		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
· ·	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		•
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	gite e	ķ	
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			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	0		
۵	Sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		1 4	-
а	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	3		A- : :
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	T a grad		1, , .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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		78 - 77 1	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Form 990 (2014) Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 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. **b** Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ✓ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's 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? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written whistleblower policy? 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? 15a 15b ✓ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement ✓ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ New York Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request ☐ Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ 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 nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per	box, t	unles	s pe	ition more	than o	an	(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from 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 2										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (cor	tinued)			
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation fro	m	(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)	organizations (W-2/1099-MISC	()	from from organ and re	nsation n the ization elated zations	
(15)							α							
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)			· ·				> > >						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100,	000 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc							oloyee, or high		1	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	s, "	complete Sch	nedule J for s	the such	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indivi	1	5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repear.											zatio	n's ta	ıx
(A) (B) (C) Name and business address Description of services Compensat								ation						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

1	Form 9	90 (201	4)						Page \$
Total Revenue Page Total Revenue Page	Part	VIII							
18 Federated campaigns 16			Check if Schedule O	contains a re	sponse or note to		(B) Related or exempt function	(C) Unrelated business	excluded from tax under sections
Business Code	ts, Grants Amounts	b	Membership dues . Fundraising events .	1b			revenue		312-314
Business Code	ibutions, Gif	е	Government grants (con All other contributions, gi	ifts, grants,	25,930				
Page 100 Page 200		•			>	198,142			
3 Investment income (including dividends, interest, and other similar amounts) 1 4 Income from investment of tax-exempt bond proceeds 5 5 Royalties 1 1 1 1 1 1 1 1 1	rvice Revenue	b c			711130	4,870	4,870		
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds > Foyatties 5 Royatties 6 Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 7 Net gain or (loss) 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Less: direct expenses c Gross income from gaming activities. See Part IV, line 19 a Less: do income from gaming activities See Part IV, line 19 a Less: of crot expenses b c Net income or (loss) from gaming activities 100 Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b C All other revenue	Program Se	e f g	All other program sen Total. Add lines 2a-2	vice revenue . f		4,870			
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 ab Less: direct expenses bc Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ab Less: d rect expenses bc c Net income or (loss) from gaming activities. See Part IV, line 19 ab Less: d rect expenses bc c Net income or (loss) from gaming activities. See Part IV, line 19 ab Less: d rect expenses bc c Net income or (loss) from gaming activities. See Part IV, line 19 ab Less: c frect expenses bc c Net income or (loss) from gaming activities. See Part IV, line 19 ab Less: cort of goods sold bc Net income or (loss) from sales of inventory. See Net Income or (loss) from sales of inventory. See Net Income or (loss) from sales of inventory. See Net Income or (loss) from sales of inventory. See Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net Income or (loss) from sales of inventory. All the Net I		4 5 6a	and other similar amounts) Income from investment of tax-exempt be Royalties		bond proceeds ►				
Record of the state of the stat		c d 7a	Rental income or (loss) Net rental income or (Gross amount from sales of assets other than inventory						
c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b C d All other revenue			Gain or (loss) .		▶				
c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b C d All other revenue	ner Revenue		events (not including \$ of contributions reported See Part IV, line 18	ed on line 1c).	aa				
c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b C d All other revenue	Ō	С	Net income or (loss) f Gross income from ga	rom fundraisin aming activities.	g events . ►				
c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b c d All other revenue		С	Net income or (loss) f Gross sales of in	from gaming ac nventory, less	ctivities				
b c d All other revenue			Net income or (loss) f	from sales of in	ventory ►				
e Total. Add lines 11a-11d		b c d	All other revenue .						

203,012

4,870

12

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	43,304	43,304		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	.0,00	10,00		
7	Other salaries and wages	71,383	71,383		
8	Pension plan accruals and contributions (include		, , , , , , , , , , , , , , , , , , , ,		
	section 401(k) and 403(b) employer contributions)	1,960	1,960		
9	Other employee benefits	5,162	5,162		
10	Payroll taxes	10,460	10,460		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,550		1,550	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
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.)				4 700
4.0		15,223	11,568	1,933	1,722
12	Advertising and promotion	3,600	3,600		
13	Office expenses	2,823			2,823
14	Information technology				
15 16	Royalties	47.000	11 710	5 240	
17	Occupancy	17,066	11,718	5,348	
18	Payments of travel or entertainment expenses	2,818	2,818		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				And the springer and the
20	Interest	1,769		1,769	
21	Payments to affiliates	.,,,,,,			
22	Depreciation, depletion, and amortization .	7,572	1,255	6,317	
23	Insurance	2,993	2,993		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Equipment Rental	1,702	1,702		
b	Telephone & Internet	4,070	2,770		1,300
С	Software and computer supplies	2,379	2,379		
d	Utilities	3,666	2,012	1,654	
е	All other expenses Postage / Music Purchase	2,563	1,122		1,44
25	Total functional expenses. Add lines 1 through 24e	202,063	176,206	18,571	7,28
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or	note t	to any line in this Par	t X				
		<u>'</u>			(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			26,034	1	58,215		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			9,025	3	6,160		
	4	Accounts receivable, net			4,128	4	5,503		
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L	former ompens	officers, directors, sated employees.		5			
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	ibuting employers and nployees' beneficiary		6				
Assets	7	Notes and loans receivable, net		h		7			
As	8	Inventories for sale or use		├		8			
	9	Prepaid expenses and deferred charges		-		9			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a						
	b	Less: accumulated depreciation	10b	25,075 16,246	16,401	100	8.829		
	11	•			10,401	11	0,029		
	12	Investments—other securities. See Part IV, line		-		12			
	13	Investments—program-related. See Part IV, line				13			
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	⊢		15				
	16	Total assets. Add lines 1 through 15 (must equa			55,588		78,707		
	17	Accounts payable and accrued expenses			2,901		25,071		
	18	Grants payable		F-		18			
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		Г		20			
	21	Escrow or custodial account liability. Complete		 		21			
S	22	Loans and other payables to current and for							
Liabilities		trustees, key employees, highest compen	sated	employees, and					
iab		disqualified persons. Complete Part II of Schedu				22			
_	23	Secured mortgages and notes payable to unrela				23			
	24	Unsecured notes and loans payable to unrelated		· -		24			
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	s 17-24	1). Complete Part X		0.5			
	00					25 26	05.074		
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			2,901	20	25,071		
es		complete lines 27 through 29, and lines 33 an		Kilele V aliu					
anc	27	Unrestricted net assets			20,660	27	8,531		
Bal	28	Temporarily restricted net assets		[32,027	28	45,105		
Þ	29	Permanently restricted net assets				29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), che	eck here ► ☐ and					
ts (30	Capital stock or trust principal, or current funds			30				
se	31	Paid-in or capital surplus, or land, building, or ed		F		31			
As	32	Retained earnings, endowment, accumulated in				32	2		
Vet	33	Total net assets or fund balances			52,687	33	53,636		
_	34	Total liabilities and net assets/fund balances .			55,588	34	78,707		
							Form 990 (2014)		

Form 99	90 (2014)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,012
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,063
3	Revenue less expenses. Subtract line 2 from line 1	3			949
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	2,687
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
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		5	3,636
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.			18 i i i i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		0-		

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

Form **990** (2014)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Т

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.

Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Anso	onia Music Outreach Organization, Inc.					13-367	4001			
Par							ns.			
The c	organization is not a private foundati									
1	A church, convention of church	es, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).				
2	A school described in section 1	70(b)(1)(A)(ii).	Attach Schedule E.)							
3	A hospital or a cooperative hosp	•								
4	A medical research organization	•	njunction with a hosp	ital desci	ribed in s	ection 170(b)(1)(A)(iii). Enter the			
	hospital's name, city, and state:									
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp	lete Part II.)					al unit described in			
6	A federal, state, or local govern									
7	An organization that normally r described in section 170(b)(1)(a			oort from	a govern	nmental unit or from	the general public			
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)						
9	An organization that normally receipts from activities related support from gross investment	to its exempt to income and	functions—subject to unrelated business t	certain axable in	exception ncome (le	ns, and (2) no more ess section 511 tax	than $33^{1}/_{3}\%$ of its			
	acquired by the organization aft									
10	An organization organized and									
11	An organization organized and control one or more publicly supported the box in lines 11a through 11d	organizations de	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check			
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b	Type II. A supporting organization or management of the organization(s). You must contain the containing of the containing organization.	supporting org	anization vested in th							
c	Type III functionally integrat its supported organization(s)	ed. A supporting see instructions	ig organization operates). You must comple	ted in cor te Part I V	nection v /, Sectio n	with, and functionallyns A, D, and E .	y integrated with,			
d	Type III non-functionally integra that is not functionally integra requirement (see instructions)	ted. The organiz	zation generally must	satisfy a	distributi	on requirement and				
е							I. Type III			
·	functionally integrated, or Typ						, ,,,			
f	Enter the number of supported or	rganizations .								
ç		•	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
			(300 11311 40110113))	Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al		42-04-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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) ▶ (d) 2013 (e) 2014 (f) Total (a) 2010 **(b)** 2011 (c) 2012 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the 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 than a governmental unit or publicly 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 Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total 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 loss from the sale of capital assets (Explain in Part VI.) S

	,								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc.	(see instruction	ons)			12			
13	First five years. If the Form 990 is for the	0							
	organization, check this box and stop her	re						>	
ecti	on C. Computation of Public Suppor					,			
14	Public support percentage for 2014 (line 6					14			%_
15	Public support percentage from 2013 Sch					15			%
16a	331/3% support test—2014. If the organize								
	box and stop here. The organization qua								
b	331/3% support test—2013. If the organicheck this box and stop here. The organic								
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts- acts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiz	eck this box ar ation qualifies	nd sto as a p	p here. Ex oublicly su	pported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organization	nis bo on qua	x and sto llifies as a	p here.	
18	Private foundation. If the organization di instructions		box on line 13			k this	box and s	ee . ►	

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees					``	
	received. (Do not include any "unusual grants.")	161,158	155,520	169,770	171,889	198,142	856,479
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,576	1,590	2,642	7,328	4,870	19,006
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	163,734	157,110	172,412	179,217	203,012	875,485
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						875,485
Secti	on B. Total Support		<u> </u>		<u>.</u>		0.07,00
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	163,734	157,110	172,412	179,217	203,012	875,485
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
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 or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	163,734	157,110	172,412	179,217	203,012	875,485
14	First five years. If the Form 990 is for the organization, check this box and stop he	_				ear as a section	
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2014 (line 8			3, column (f))		15	100 %
16	Public support percentage from 2013 Sch		•			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (line 13, colum	nn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ					ore than 331/3%	6, and line
b	17 is not more than 331/3%, check this box 331/3% support tests—2013. If the organiz	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . ► 🗸
00	line 18 is not more than 331/3%, check this l	box and stop he	ere. The organiz	zation qualifies	as a publicly su	upported organi	zation ► □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	ΑII	Supporting	Organizations
---------	----	-----	------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	ABAT.	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		7
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		10 mm m m m m m m m m m m m m m m m m m
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b	with,	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11111		
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	L	
	- Type I cappoining organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		1		- , , ,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	9 8, 1	: . · · ·	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		- ";	- 31
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		754	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	0-	1	
h	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 22	260	
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	, in A		* ; 7
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		W Con	: ģi
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	I SD	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		1,5,0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	i Paq		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporti	ng organization (see
instructions).	,	3. 2. 2. 2. 3. P. 2. 1. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3 - 3

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			100 mg/s
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underd stributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

	Part	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; at Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
-		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

anne o	The organization		Employer Identification number
	a Music Outreach Organization, Inc.		13-3674001
Par	S S		
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	held in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Part			
L GIL		"Voc" to Form 000 Part IV line 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	•	of a historically important land area
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	Preservation of	of a certified historic structure
_	Preservation of open space		to the Hard constitution
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	rminated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation	n easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation eas	sements during the year
•	▶ \$	3,	,
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
Ū			
9	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text	of the footnote to the organization's fi	inancial statements that describes the
	organization's accounting for conservation easem		
Par			or Other Similar Assets.
rail	Complete if the organization answered		
4-	If the organization elected, as permitted under SI		
1a	works of art, historical treasures, or other similar	or assets held for public exhibition e	education or research in furtherance of
	public service, provide, in Part XIII, the text of the	footpote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under s	SFAS 116 (ASC 958), to report in its	s revenue statement and balance snee
	works of art, historical treasures, or other similar		education, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items:
а	Revenue included in Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		> \$

Schedul	le D (Form 990) 2014							Page 2
Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follo	wing that are a	significant use of its
а	Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research							
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.		and expla	ain how t	hey further	the or	ganization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part								
	Complete if the organization 990, Part X, line 21.	answered "Yes	s" to Forr	n 990, F	art IV, line	9, or	reported an ar	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and compl	lete the fo	llowing to	able:			
		·		J			1	Amount
С	Beginning balance					10	3	
d	Additions during the year					10		
e	Distributions during the year					16	-	At 4 1991 A
f	Ending balance					11		
2a	Did the organization include an amoun							v? Yes No
	If "Yes," explain the arrangement in Pa							•
Par		art Am. Oncer her	ic ii tiic c	xpiariatio	ir rido beerr	provid	ca iii ait XIII .	• • • —
· GI	Complete if the organization	answered "Yes	" to Form	n 990 F	art IV line	10		
	Complete if the organization	(a) Current year	·	or year	(c) Two year		(d) Three years bad	ck (e) Four years back
10	Paginning of year balance	(a) Current year	(6) 1 11		(c) Two year	- Dack	(a) Three years but	(c) rour years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
•	programs							
f	Administrative expenses		+					
	End of year balance			-1				
g	Provide the estimated percentage of the	ha aurrant vaar a	nd bolone	o (lino 1 c	n oolumn (s)) bold		
2				e (ime i ç	j, column (a	i)) Held	a5.	
a	Board designated or quasi-endowmen		%					
b	Permanent endowrnent	%						
С	Temporarily restricted endowment ►	%	000/					
20	The percentages in lines 2a, 2b, and 2			zation th	at are hold	and ac	Iministored for t	ho
3a	Are there endowment funds not in the	e possession or t	ne organi	zation th	at are nelu	anu ac	illillistered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses		ion's endo	owment f	unds.			
Part				000 [N = 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 44-	O F 000	Dart V. lina 10
	Complete if the organization							
	Description of property	(a) Cost or o		1	or other basis other)		Accumulated lepreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				25,075		16,246	8,829
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	990, Part .	X, columi	n (B), line 10	Oc.) .		8,829

	(a) Description of security or categorial (including name of security)	ory	(b) Book value		od of valuation: of-year market value
) Financial deriv				0000 07 0710	
	quity interests				
Other	quity interests				
(A)					
(B)				 	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
al. (Column (b) must	equal Form 990, Part X, col. (B) line 12.)	•			
	estments-Program Relat			سذسفها تفطيق فسيحش فيستسم والتقاف وسيوسال	
	mplete if the organization ar		n 990, Part IV, lin	e 11c. See Form 9	990, Part X, line 1
	(a) Description of investment		(b) Book value	T	nod of valuation:
				Cost or end-	of-year market value
)					
)					
)					
)					
)					
)					
)					
3)					
9)					
Part IX Oth	ner Assets.				
	ner Assets. mplete if the organization ar		n 990, Part IV, lin	e 11d. See Form	990, Part X, line 1 (b) Book value
Сог		swered "Yes" to For	n 990, Part IV, lin	e 11d. See Form	
Cor		swered "Yes" to For	n 990, Part IV, lin	e 11d. See Form	
Cor		swered "Yes" to For	n 990, Part IV, lin	e 11d. See Form	
Cor) 2)		swered "Yes" to For	m 990, Part IV, lin	e 11d. See Form	
Cor		swered "Yes" to For	n 990, Part IV, lin	e 11d. See Form	
Cor 1) 2) 3) 4)		swered "Yes" to For	n 990, Part IV, lin	e 11d. See Form	
Cor (2) (3) (4) (5)		swered "Yes" to For	n 990, Part IV, lin	e 11d. See Form	
Cor () (2) (3) (4) (5) (5)		swered "Yes" to For	m 990, Part IV, lin	e 11d. See Form	
Cor 1) 2) 3) 4) 5) 6) 7)	mplete if the organization ar	swered "Yes" to Form			
Cor 1) 22) 33) 44) 55) 66) 77) 88) 99)	mplete if the organization and model in the organization and organiza	swered "Yes" to Form			
Cor 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b	mplete if the organization and model in the organization and model	(a) Description col. (B) line 15.)			(b) Book value
Cor 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b	mplete if the organization are by must equal Form 990, Part X, ner Liabilities. mplete if the organization are	(a) Description col. (B) line 15.)			(b) Book value
Cor (a) (b) (b) (c) (d) (d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f	mplete if the organization and model in the organization and model	(a) Description col. (B) line 15.)			(b) Book value
Cor () () () () () () () () () ()	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor (2) (3) (4) (5) (5) (7) (8) (8) (9) (9) (1) Federal income	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cores (2) (3) (3) (4) (5) (5) (7) (8) (7) (8) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (7) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor (1) (2) (3) (4) (5) (6) (7) (3) (8) (9) (9) (1) Federal income (2) (3)	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b Cor line (a 1) Federal income 2) 3) 4)	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor 1) 2) 3) 4) 5) 6) 7) 8) 9) Part X Oth Cor line (a 1) Federal income 2) 3) 4)	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor 1) 2) 3) 4) 5) 6) 7) 8) 9) Part X Oth Cor line (a 1) Federal income 2) 3) 4) 5)	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) Part X Oth Colline (a) 1) Federal income 2) 3) 4) 5) 6)	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value
Cor 1) 2) 33) 4) 5) 6) 7) 8) 9) otal. (Column (b Cor line	mplete if the organization are on the implementation and the implementation are constructed as a property of the organization are constructed as 25.	col. (B) line 15.)			(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem		Return.
1	Complete if the organization answered "Yes" to Form 990, Total revenue, gains, and other support per audited financial statements		T 4 T
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		1 20
3	Subtract line 2e from line 1		2e 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			
	Complete if the organization answered "Yes" to Form 990,	Part IV. line 12a.	er rictarii.
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Prior year adjustments	2b	
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	4a	The late of the la
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation.

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Ansonia Music Outreach Organization, Inc.	13-3674001
Part VI Section B Line 12c	
We have a written conflict of interest policy. All employees are informed of this policy and are asked to	conform to it as well as to inform
management of any issues regarding it, themselves, and others in the organization.	
Part VI Section B Line 15a	
Compensation for Artistic Director and Program Director is determined each year by looking at total tir	ne and responsibility required to fulfill
the position. Considering this, compensation was determined and approved by the Board of Directors	:
Part VI Section C Line 19	
The 990s and Financial Statements of Ansonia Music Outreach are made available on our website: ww	w.ansoniamusic.org.
	
Also available on our website is our IRS Tax Determination Letter. Our Conflict of Interest and other go	overning documents, as well as
any financial statements and 990s are available by writing to Ansonia Music Outreach; 330 Wadsworth	Avenue 2G: New York, NY 10040:
or by calling (212) 567-3554, or by contacting the New York State Department of Law, Charities Bureau	at 120 Broadway,
3rd Floor; New York, NY 10271	

Ansonia Music Outreach Organization, Inc.

EIN: 13-3674001

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

Name and Title	Avg hrs per week	Position		e compensation org. W-2/1099 MISC	Reportable Comp from related orgs	Other Comp
Mark Lieb Artistic Director President	40	Key employee Officer / Musician		66,269 *	0	0
Simon Saad Musician Treasurer	40	Key employee Officer / Musician		31,678 **	0	0
Karina Glasinovic Secretary	1	Officer / Musician		0	0	0
Bobby Berger	1	Director		0	0	0
Patrica Passalacqua	1	Director		0	0	0
			Total:	97,947		
* Mark Lieb's compensation for 2014:		President: Artistic Director: Musician/Performer:	0 29,923 <u>36,346</u> 66,269			
** Simon Saad's Compensation for 2014:		Treasurer: Assistant Program Manager: Musician/Performer:	0 13,381 <u>18,297</u> 31,678			