

**Short Form
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)

2008

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 5/01, 2008, and ending 4/30, 2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C **CHAMBER MUSIC WEST, INC**
 10451 W PALMERAS DR 122E
 SUN CITY, AZ 85373-2608

D Employer identification number
 86-0360313

E Telephone number
 623-972-0478

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ N/A

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 121,383.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received															58,395.											
	2	Program service revenue including government fees and contracts															43,656.											
	3	Membership dues and assessments																										
	4	Investment income															4,684.											
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ <u>See Statement 1</u>)															14,648.												
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															121,383.												
EXPENSES	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits															37,200.											
	13	Professional fees and other payments to independent contractors															55,151.											
	14	Occupancy, rent, utilities, and maintenance															11,147.											
	15	Printing, publications, postage, and shipping															9,947.											
	16	Other expenses (describe ▶ <u>See Statement 2</u>)															42,021.											
17	Total expenses (add lines 10 through 16)															155,466.												
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-34,083.											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															201,453.											
	20	Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u>															-12,735.											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															154,635.											

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	196,001.	149,882.
23	Land and buildings		
24	Other assets (describe ▶ <u>See Statement 4</u>)	6,247.	5,326.
25	Total assets	202,248.	155,208.
26	Total liabilities (describe ▶ <u>See Statement 5</u>)	795.	573.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	201,453.	154,635.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>See Statement 6</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	PRESENTATION OF CHAMBER MUSIC CONERTS WITH WELL-KNOWN ARTISTS FROM ALL AREAS. TOTAL ESTIMATED ATTENDANCE 3500.	
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a 51,866.
29	See Statement 7	
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a 1,025.
30		
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 52,891.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NANCY COBURN 19303 NEW TRADITION RD #148 SUN CITY WEST, AZ 85375-3848	Director 0	0.	0.	0.
MURIEL STONE JOHNSON 17922 N CATALINA CT SURPRISE, AZ 85374	President 0	0.	0.	0.
KUNIKO SUSAN KEEDY 19656 N. 93RD DR PEORIA, AZ 85382-0917	SCHOOL PROGRAMS 0	0.	0.	0.
ELLEN STRANEY 10609 W HIGHWOOD LN SUN CITY, AZ 85373	1ST VICE PRES 0	0.	0.	0.
JANE E KING 14154 S DENNY BLVD #107 LITCHFIELD PARK, AZ 85340	Treasurer 0	0.	0.	0.
ELLIE TAPSCOTT 10850 W WEDGEWOOD DR SUN CITY, AZ 85351	Secretary 0	0.	0.	0.
CONNIE CASTILLO 10106 W SIGNAL BUTTE CIRCLE SUN CITY, AZ 85373	Director 0	0.	0.	0.
MONA L MYHRE 10451 W PALMERAS DR STE 122E SUN CITY, AZ 85373	Executive Direc 40.00	37,200.	0.	0.
NANCY ROOT 14145 S DENNY BLVD #305 LITCHFIELD PARK, AZ 85340-9450	Vice President 0	0.	0.	0.
NANCY EHLEN 27487 N CADINAL LANE PEORIA, AZ 85383-3985	Director 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40d	d Enter amount of tax on line 40c reimbursed by the organization.		0.
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ CHAMBER MUSIC WEST, INC Telephone no. ▶ 623-972-0478
 Located at ▶ 10451 W PALMERAS DR #122E SUN CITY AZ ZIP + 4 ▶ 85373-2608

		Yes	No
42b	b 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)? If 'Yes,' enter the name of the foreign country: ... ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ... ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 8

	Yes	No
46 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.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000. ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000. ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JANE E KING** Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer's Use Only

Preparer's signature: **John V Back** Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **J.J. Swart & Company, LLC**
10451 Palmeras Dr., Ste L-105
Sun City, AZ 85373
 Check if self-employed: Preparer's Identifying Number (See instructions): **N/A**
 EIN: **N/A**
 Phone no.: **(623) 412-8400**

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization CHAMBER MUSIC WEST, INC	Employer identification number 86-0360313
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III– Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Sales. advertising.....	\$ 14,648.
Total	\$ <u>14,648.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$ 26,230.
COMPUTER SERVICES.....	1,740.
CREDIT CARD EXPENSE.....	1,186.
Depreciation.....	1,202.
DUES & SUBSCRIPTIONS.....	1,193.
Insurance.....	2,606.
MAINTENANCE.....	1,680.
MISC ADMIIN.....	861.
MISC CONCERT COSTS.....	2,902.
Office Expenses.....	1,095.
OFFICE MISC.....	92.
TELEPHONE.....	1,234.
Total	\$ <u>42,021.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

CORRECTION OF PRIOR DEPRECIATION.....	\$ -610.
PRIOR YEAR ADJUSTMENTS.....	-12,125.
Total	\$ <u>-12,735.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 314.	\$ 257.
Machinery and Equipment.....	4,112.	2,967.
PREPAID INSURANCE.....	1,461.	1,742.
PROFESSIONAL FEES.....	135.	135.
RENT DEPOSIT.....	225.	225.
Total	\$ <u>6,247.</u>	\$ <u>5,326.</u>

**Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 795.	\$ 573.
Total	<u>\$ 795.</u>	<u>\$ 573.</u>

**Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose**

PROMOTE CHAMBER MUSIC TO THE GENERAL PUBLIC, CHILDREN, AND TO MAKE CHAMBER MUSIC AVAILABLE TO THE ELDERLY.

**Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments**

IN ADDITION TO THE FORMAL CONCERTS, EACH ARTIST ALSO PRESENTS TWO 45 MINUTE EDUCATIONAL LECTURE/DEMO SCHOOL PROGRAMS OR MASTER CLASSES AT AREA SCHOOLS AT NO COST TO THE SCHOOLS. APPROXIMATELY 2500 SCHOOL CHILDREN OF ALL AGES PARTICIPATE ANNUALLY.

**Statement 8
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Client 313

CHAMBER MUSIC WEST, INC

86-0360313

12/10/09

09:55AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Furniture and Fixtures										
1	DESK	7/26/00		1,511			1,511	S/L HY	7	0
2	BOOK CASES	8/10/00		338			338	S/L HY	7	0
8	CONFERENCE TABLES	5/22/06		400			86	S/L HY	7	57
Total Furniture and Fixtures				2,249		0	1,935			57
Machinery and Equipment										
3	PRINTER	9/21/05		270			140	S/L HY	5	54
4	COPIER	5/29/98		2,000			2,000	S/L HY	5	0
5	DELL COMPUTER	5/01/06		3,418			1,026	S/L HY	5	684
6	HP TOWER	5/17/06		823			247	S/L HY	5	165
7	LASERJET PRINTER	9/14/06		391			117	S/L HY	5	78
9	COMPUTER EQUIP	6/10/07		822			82	S/L HY	5	164
Total Machinery and Equipment				7,724		0	3,612			1,145
Total Depreciation				9,973		0	5,547			1,202
Grand Total Depreciation				9,973		0	5,547			1,202

Stmt. of Functional Expenses (990)
Advertising and promotion

ADVERTISING	\$	17,712.
PUBLIC RELATIONS		8,000.
	Total \$	<u>25,712.</u>