

2009 TAX RETURN

CLIENT COPY

Client: FRI0400

Prepared for: FRIENDS OF MUSIC, INC.
PO BOX 3210
SHEPHERDSTOWN, WV 25443
304-876-5765

Prepared by: KAREN B. HACKER KINNETT
FLURIE & SLICK, CPA'S, P.A.
12903 OAK HILL AVENUE
HAGERSTOWN, MD 21742
(301)739-1800

Date: JANUARY 17, 2011

Comments:

Route to: _____

2009 Exempt Org. Return
prepared for:

Friends of Music, Inc.
PO Box 3210
Shepherdstown, WV 25443

FLURIE & SLICK, CPA'S, P.A.
12903 OAK HILL AVENUE
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January 17, 2011

Friends of Music, Inc.
PO Box 3210
Shepherdstown, WV 25443
304-876-5765

FEDERAL FORMS

**Form 990-EZ
Schedule A**

**2009 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)**

FEE SUMMARY

Preparation Fee

FRIENDS OF MUSIC, INC.

55-0776489

	2009	2008	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	66,744	74,379	-7,635
PROGRAM SERVICE REVENUE.....	44,690	34,574	10,116
INVESTMENT INCOME.....	240	820	-580
NET INCOME (LOSS) - SPECIAL EVENTS.....	1,873	0	1,873
TOTAL REVENUE.....	113,547	111,433	2,114
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	14,950	33,700	-18,750
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	1,030	600	430
OTHER EXPENSES.....	108,682	109,610	-928
TOTAL EXPENSES.....	124,662	143,910	-19,248
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-11,115	-32,477	21,362
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	56,427	88,904	-32,477
NET ASSETS/FUND BAL. AT END OF YEAR.....	45,312	56,427	-11,115

2009

GENERAL INFORMATION

PAGE 1

FRIENDS OF MUSIC, INC.

55-0776489

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A

CARRYOVERS TO 2010

NONE

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)

2009

Department of the Treasury
Internal Revenue Service

▶ 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C FRIENDS OF MUSIC, INC. PO BOX 3210 SHEPHERDSTOWN, WV 25443	D Employer identification number 55-0776489 E Telephone number 304-876-5765 F Group Exemption Number ▶
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• 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: ▶ SUFOM.ORG

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

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 123,304.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	66,744.
	2 Program service revenue including government fees and contracts	2	44,690.
	3 Membership dues and assessments	3	
	4 Investment income	4	240.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/> ▶		
	a Gross revenue (not including \$ <u>11,630.</u> of contributions reported on line 1)	6a	11,630.
	b Less: direct expenses other than fundraising expenses	6b	9,757.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,873.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	113,547.	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule)	10	14,950.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,030.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	108,682.
	17 Total expenses. Add lines 10 through 16. ▶	17	124,662.
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,115.
	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)	19	56,427.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	45,312.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	54,474.	33,838.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	1,953.	11,474.
25 Total assets.	56,427.	45,312.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,427.	45,312.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 7

	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? 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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.		
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 outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40a Section 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.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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 organization's books are in care of ▶ TRICIA BOWERS Telephone no. ▶ (240) 752-0222
 Located at ▶ SHEPHERDSTOWN WV ZIP + 4 ▶ 25443

	Yes	No
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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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:.. ▶ _____		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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	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.....	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	49a	X
b If 'Yes,' was the related organization a section 527 organization?.....	49b	

50 Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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		

d Total number of other independent contractors each 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

▶ _____ Date _____

▶ _____
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ KAREN B. HACKER KINNETT Date _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FLURIE & SLICK, CPA'S, P.A.
12903 OAK HILL AVENUE
HAGERSTOWN, MD 21742

Check if self-employed ▶ Preparer's Identifying Number (See instructions) N/A

EIN ▶ N/A

Phone no. ▶ (301) 739-1800

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3. ...						
5 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) ...						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	66,005.	48,692.	87,071.	74,379.	66,744.	342,891.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	29,593.	9,903.	21,590.	34,574.	44,690.	140,350.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	95,598.	58,595.	108,661.	108,953.	111,434.	483,241.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						483,241.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	95,598.	58,595.	108,661.	108,953.	111,434.	483,241.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		677.	1,876.	820.	240.	3,613.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	677.	1,876.	820.	240.	3,613.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						486,854.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	99.3 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	99.2 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	0.7 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	0.8 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

FRIENDS OF MUSIC, INC.

55-0776489

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	GRANT TO MUSIC DEPARTMENT		
DONEE'S NAME:	SHEPHERD UNIVERSITY		
DONEE'S ADDRESS:	P.O BOX 3210 SHEPHERDSTOWN, WV 25443		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	8,700.
DONEE'S NAME:	LAUREN FRICK		
DONEE'S ADDRESS:	510 RIDGE ROAD SHIPPENSBURG, PA 17257		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	2,750.
DONEE'S NAME:	JORGE ALVAREZ MARION		
DONEE'S ADDRESS:	693 WINTERGREEN DRIVE PURCELLVILLE, VA 20132		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	CHRIS GARTEN		
DONEE'S ADDRESS:	12 HOLLOW CREEK CIRCLE MIDDLETOWN, MD 21769		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	KEVIN DOLAN		
DONEE'S ADDRESS:	11337 MONTGOMERY ROAD BELTSVILLE, MD 20705		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	TREVOR ROWLAND		
DONEE'S ADDRESS:	1038 N COMPTON ROAD FARMINGTON , UT 84025		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	KATHRYN BEACH		
DONEE'S ADDRESS:	18810 LIBERTY MILL ROAD GERMANTOWN , MD 20874		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	LAURA STERNER		
DONEE'S ADDRESS:	42 CENTER STREET HANOVER , PA 17331		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	AUSTIN SHOWEN		
DONEE'S ADDRESS:	105 MONTEREY LANE CROSS LANES, WV 25313		
RELATIONSHIP OF DONEE:	STUDENT		
CASH AMOUNT GIVEN:		\$	500.

FRIENDS OF MUSIC, INC.

55-0776489

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	13,553.
ANNUAL MEETING.....		980.
CD COST.....		40.
CREDIT CARD FEES.....		1,578.
MISCELLANEOUS.....		985.
OFFICE EXPENSES.....		20,142.
ORGANIZATIONAL (CORP) EXPENSES.....		1,077.
PERFORMANCE EXPENSES.....		67,910.
SUPPLIES.....		2,417.
	TOTAL \$	<u>108,682.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES.....	\$ 1,953.	\$ 1,953.
NOTE RECEIVABLE.....	0.	9,521.
TOTAL	<u>\$ 1,953.</u>	<u>\$ 11,474.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE MUSICAL PERFORMANCES IN SUPPORT OF THE MUSIC DEPARTMENT OF SHEPHERD UNIVERSITY.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FRIENDS OF MUSIC WAS FORMED TO SUPPORT THE MUSIC DEPARTMENT OF SHEPHERD UNIVERSITY. IN FULFILLMENT OF THAT AIM, IT CARRIED OUT THE FOLLOWING ACTIVITIES WITH THE NOTED BENEFICIARIES:

1. SPONSORED CONCERT SERIES OF 6 CONCERTS FOR THE STUDENTS OF THE MUSIC DEPARTMENT (120 MAJORS), THE BROADER UNIVERSITY (ESTIMATED POPULATION OF STUDENTS AND STAFF 5,000 PERSONS) AND THE EASTERN PANHANDLE COMMUNITY (ESTIMATED POPULATION: 40,000).
2. CONTINUED TO UNDERWRITE A NEW CHAMBER ORCHESTRA TO SUPPLEMENT THE MUSIC EDUCATION OF THE SCHOOL OF MUSIC STUDENTS, THE UNIVERSITY AS A WHOLE, AND THE REGION.
3. PROVIDED SCHOLARSHIP FOR 8 MUSIC STUDENTS OF SHEPHERD UNIVERSITY MUSIC DEPARTMENT (\$4,000).
4. CARRIED OUT ONE DAY EDUCATIONAL PROGRAM FOR SENIORS LINKED TO THE PERFORMANCES OF THE ORCHESTRA. (ELDERHOSTEL -- TWO SESSIONS)

FRIENDS OF MUSIC, INC.

55-0776489

**STATEMENT 6
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROB NORTHRUP SHEPHERDSTOWN, WV 25443	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
DAN ANDERSON SHEPHERDSTOWN, WV 25443	VICE PRESIDENT 0	0.	0.	0.
BETTY LOU BRYANT SHEPHERDSTOWN, WV 25443	SECRETARY 0	0.	0.	0.
ALEXANDER FLEMING HARPERS FERRY, WV 25425	DIRECTOR 0	0.	0.	0.
RANDY RUMPF FREDERICK, MD 21702	DIRECTOR 0	0.	0.	0.
MARK MCCOY, PH.D. SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
TRICIA BOWERS SHEPHERDSTOWN, WV 25443	TREASURER 0	0.	0.	0.
MAGGIE DRENNEN SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
ROGER MUNRO SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
REV. DR. JAMES G. MACDONELL MARTINSBURG, WV 25404	DIRECTOR 0	0.	0.	0.
EDWARD MOORE SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
A. NEAL BARKUS SHEPHERDSTOWN, WV 25443	PRESIDENT 0	0.	0.	0.

FRIENDS OF MUSIC, INC.

55-0776489

STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUE KENNEDY SHEPHERDSTOWN, WV 25443	VICE PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
BOB BECKETT SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
DAVID DRENNEN SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
LISA OSWALD SHEPHERDSTOWN, WV 25443	DIRECTOR 0	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 7
FORM 990-EZ, PART V
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