Form **990-EZ**

Department of the Treasury Internal Revenue Service

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) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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

OMB No 1545-1150 2011

Open to Public Inspection

A I	or the 2	2011 calenda	r year, or tax year beginning 07-01, 2011, and ending	0	6-30	, 20 12
<u>B</u> (Check if ap	pplicable	C Name of organization	D Employe	r identi	fication number
\sqcup	Address ch	nange	Guitars in the Classroom	71-1	013691	
L	lame char	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephor	e numb	er
LI.	nitial retur	rn				
\square	erminaled	d	1911 Shady Acre Circle	(858	755-2	239
Ц,	Amended r	return	City or town, state or country, and ZIP + 4	F Group Ex	emption	1
\sqcup_{ℓ}	pplication	n pending	Encinitas, CA 92024	Number	•	
Ģ	Account	ing Method.	☐ Cash 🖾 Accrual Other (specify) ▶ H (Check ▶ L	ıf the	organization is not
1	Website	e: <u> www.g</u>	quitarsintheclassroom.org r	equired to at	tach Sct	nedule B
J .	Tax-exe	mpt status (check only one) - 🗶 501(c) (3) ☐ 501(c)(🔰 (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 9	90-EZ, c	or 990-PF)
K	Check 🕨	if the o	rganization is not a section 509(a)(3) supporting organization or section 527 organization a	and its gros	s receip	ts are normally
	not more	e than \$50,00	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	y be require	d (see ı	nstructions) But if
t	he organ	nization choos	es to file a return, be sure to file a complete return			
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			139,109
Pa	irt I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in			
	 -		e organization used Schedule O to respond to any question in this Part I		;.	<u> x</u>
	1		s, gifts, grants, and similar amounts received	-	1	127,593
	2	-	vice revenue including government fees and contracts	· · · · -	2	
	3	•	dues and assessments		3	
<u> </u>	4	Investment in		• • • •	4	
2013	i		nt from sale of assets other than inventory			
10	ł		other basis and sales expenses			
0	1 _	· ·) from sale of assets other than inventory (Subtract line 5b from line 5a)	• • • • •	5c	
ΩR	6	=	fundraising events			
110	а		e from gaming (attach Schedule G if greater than			
\supset_n^e		. ,			ł	
IJü	D		e from fundraising events (not including \$ of contributions			
OCANNEL En			sing events reported on line 1) (attach Schedule G if the			
ζ.			gross income and contributions exceeds \$15,000) 6b	8,841		
7	į.				İ	
	a		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		6d	8,841
	72	•	of inventory, less returns and allowances	2,675	-	0,011
	1	Less: cost of	· · · · · · · · · · · · · · · · · · ·	2,529		
					7c	146
			le (describe in Schedule O)		8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	136,580
	10		imilar amounts paid (list in Schedule O)		10	
_	11		to or for members		11	19,563
E	12	-	er compensation, and employee benefits		12	60,428
p e	13		fees and other payments to independent contractors?	[13	3,781
n	14		rent, utilities, and maintenance	1	14	
s e	15		lications, postage, and shipping	[15	797
S	16		ses (describe in Schedule O)		16	51,289
	17	•	nses. Add lines 10 through 16	<u></u> ▶ [17	135,858
_	18		eficit) for the year (Subtract line 17 from line 9)		18	722
A N S			r fund balances at beginning of year (from line 27, column (A)) (must agree with	Ī		
N S			igure reported on prior year's return)		19	84,796
ťť	20	=	es in net assets or fund balances (explain in Schedule O)	[20	2,509
S	21	-	r fund balances at end of year. Combine lines 18 through 20	▶ [21	88,027

_	m 990-EZ (2011) Guitars in the Classroom			71-1	01369	1 Page 2
P	Balance Sheets.(see the instructions for Part II)					
	 Check if the organization used Schedule O to respond to a 	ny question in this Part I	<u> </u>	<u></u>	<u></u>	<u> 🛚 🛣 </u>
			(A	Beginning of year	<u></u>	(B) End of year
22`	Cash, savings, and investments		<u> </u>	9,295	22	19,428
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)			88,081	24	83,812
25	Total assets			97,376	25	103,240
26	Total liabilities (describe in Schedule O)			12,580	26	15,213
	Net assets or fund balances (line 27 of column (B) must agree			84,796	27	88,027
	art III Statement of Program Service Accomplis		structions for Part		1 1	Expenses
<u></u>	Check if the organization used Schedule O to respond to a	•		п.,	/Rac	quired for section
\A/b				<u> </u>		c)(3) and 501(c)(4)
***	aris the organization's primary exempt purpose Training tea	chers to lead mu	Bic making			
	scribe the organization's program service accomplishments for each o				1	nizations and section
	measured by expenses. In a clear and concise manner, describe the s	services provided, the nu	ımber of		1	7(a)(1) trusts; optional
	sons benefited, and other relevant information for each program title.				for o	thers)
28	GITC reaches over a quarter of a million student					
	by training their teachers to lead the music make	ing.				
					1	
	(Grants \$ 126,330) If this amount inc	ludes foreign grants, che	eck here	<u></u> ▶ 🔲	28a	99,375
29						
	(Grants \$) If this amount inc	ludes foreign grants, che	eck here		29a	
30		to t		· · · · · · · · · · · · · · · ·	1	
-						
						
	(C	l		<u> П</u>	00-	
		ludes foreign grants, ch	eck nere	<u></u>	30a	
31		· · · · · · · · · · · · · · · · · · ·			١	
		ludes foreign grants, che		<u> </u>	31a	
32	Total program service expenses (add lines 28a through 31a)				32	99,375
P	art IV List of Officers, Directors, Trustees, and Key Emplo	-		ensated (see the ins	tructio	ns for Part IV)
_	Check if the organization used Schedule O to respond to	any question in this Part	<u></u>		• • • •	<u> </u>
		(b) Title and average	(c) Reportable	(d) Health benefi	ıts,	(a) Estimated amount of
	(a) Name and address	hours per week	compensation (Form W-2/1099-M			(e) Estimated amount of
		devoted to position	(if not paid, enter			other compensation
Je	ssica Baron	Executive Direct	or			
19	11 Shady Acre Circle, Encinitas CA 92024	40	53,	280	0	0
Bi	lly Stern	President				
19	11 Shady Acre Circle, Encinitas CA 92024	5		0	اه	0
	ter D Addario	Vice President	<u> </u>			
	11 Shady Acre Circle, Encinitas CA 92024	5		o	٥	0
	hn Hawkins	· · · · · · · · · · · · · · · · · · ·	<u> </u>	-	—"+	<u></u>
		Treasurer	1		٥	0
	11 Shady Acre Circle, Encinitas CA 92024	5		0		
	n Smith	Secretary			اہ	_
19	11 Shady Acre Circle, Encinitas CA 92024	5	 		0	
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Form 990-EZ (2011)

Form	990-EZ	(2011)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
_	nstructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	•••	Yes	. ⊔ No
33 ′	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	- 1		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			-
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of dub facilities	4		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
_	section 4911 , section 4912 ; section 4955 ; section 4955		- ,	*.
Ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	406		X
_	reported on any of its pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_^
C	organization managers or disqualified persons during the year under sections 4912,		*	
	4955, and 4958	, .	- ,.	ĺ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	1		ĺ
u	reimbursed by the organization		٠.	-> 1
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		٠ ^	-
•	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of 1911 Shady Acre Circle Telephone no	858-7	55-22	239
	Located at ▶ 1911 Shady Acre Circle Encinitas, CA ZIP+4 ▶ 920	24		
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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			.,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	· · ·	•	L
	and enter the amount of tax-exempt interest received or accrued during the tax year	ــــــــــــــــــــــــــــــــــــــ	V	
44 -	Did the emeritation maintain any devel of ideal funds during the year? If They 000 must be		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		x
_	·	444	-	1
0	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
_	Did the organization receive any payments for indoor tanning services during the year?	446 44c	<u> </u>	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100	 	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1		1
	Form 990-EZ (see instructions)	45b		х
_				

Form	990-EZ ((2011) Guitars in the Cl	Lassroom				71-101	3691	<u>F</u>	age 4
									Yes	No
46		organization engage, directly or indirectly, in	· · ·						-	
		dates for public office? If "Yes," complete So		· · · · · · · · · · · · · · · · · · ·			oto only	. 46		X
rai		Section 501(c)(3) organizations 501(c)(3) organizations and sections								
		and 52, and complete the tables f		mpi chani	abie ilusi:	s must and	wei quesii	0113 47 ~	+30	
		Check if the organization used So		to any que	estion in th	nis Part VI				П
	<u> </u>	oriesta are organization doba oc	indusio o to respond	to any qui	<u> </u>	113 T GIT VI	 · · · · · ·		Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) electi	on in effect du	unno the tax				· · · ·	
					-			. 47	ŀ	Х
48		ganization a school as described in section	170(b)(1)(A)(ii)? If "Yes," ∞r	nplete Sched	ule E			. 48		Х
49a	Did the	organization make any transfers to an exem	pt non-charitable related org	anization?				. 49a		Х
b	If "Yes,"	was the related organization a section 527 of	organization?					. 49b		
50	Complet	te this table for the organization's five highes	t compensated employees (other than of	ficers, directo	rs, trustees a	nd key		_	
	employe	ees) who each received more than \$100,000	of compensation from the c	organization	If there is noi	ne, enter "Nor	ne."			
	(a') Name and address of each employee	(b) Title and average	(c) Rep	ortable	(d) Health	benefits, to employee	(e) Estima	ted amo	unt of
	,	paid more than \$100,000	hours per week		ensation	benefit plans.	and deferred		ompens	
			devoted to position	(Forms W-	2/1099-MISC)	compe	nsation			
	_									
NONI	3			 -						
				ļ			[
			 	 						
					 -					
				1			1			
	-									
f	Total nu	mber of other employees paid over \$100,00	▶							
51	Complet	te this table for the organization's five highes	st compensated independen	t contractors	who each red	eived more th	nan			
	\$100,00	0 of compensation from the organization If	there is none, enter "None"	, ,				· · · · · ·		
(a)	Name and	d address of each independent contractor paid mo	ore than \$100,000	(6)	Type of servi	ce	(c)	Compensal	ion	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>			·			
NONI	9									
NON										
				<u></u>						
d		imber of other independent contractors each	•	ا	<u> </u>			_		
52	Did the	organization complete Schedule A? Note	: All section 501(c)(3) orga	anizations an	d 4947(a)(1))			_	
	nonexer	mpt chantable trusts must attach a complete	d Schedule A	<u></u>	<u></u>	<u></u>	<u></u>	X Ye	s	No
		of perjury, I declare that I have examined this reti					y knowledge and	d belief, it is		
true, c	correct, and	d complete Declaration of preparer (other than o	fficer) is based on all informatio	n of which prep	arer has any k	nowledge		_		
		Jessica Baron	ou Ban	n /		2	/15/1	3		
Sig	n	Signature of officer	MAC TO VVI	<u> </u>		Date	1011.	<u> </u>		
Her	e	Jessica Baron, Executive	Director							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	1	heck X if	PTIN		
Pald		Dion Gouws CPA	Dion Gouws CPA		02-15-201	1	elf-employed	2005928	57	
Prep		Firm's name DR DION GOUWS CP.				Firm's I	EIN •			
•	Only	Firm's address > 7825 Fay Ave STE								
		La Jolla CA 9203	7			Phone	no	619-537	-9174	
May	the IRS d	liscuss this return with the preparer shown a	bove? See Instructions	<u> </u>	<u> </u>		<u></u> .	Ye	sΧ	No

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

		in the Classro								13691			
Pai		Reason for	Public Charity	y Status (All organiza	itions must	complete the	us part.) Se	e instruction	ons.				
The o	orgar	ızatıon ıs not a private	foundation because	e it is (For lines 1 through	11, check	only one bo	x.)						
1	Ц	A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	70(b)(1)(A	A)(i).					
2	Ц	A school described i	n section 170(b) (1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital sei	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research	organization opera	ited in conjunction with a	hospital d	escribed in	section 1	I70(b)(1)(A)(iii). Ente	er the hosp	oital's na	me,	
		city, and state:											
5		An organization opera	ated for the benefit of	of a college or university o	wned or op	erated by a	governme	ental unit de	escribed in				
		section 170(b)(1)(A)(iv). (Complete P	art II)		•							
6		A federal, state, or lo	ocal government o	r governmental unit desc	ribed in se	ction 170((b)(1)(A)(v).					
7				substantial part of its supp					neral public	;			
		described in section						_	•				
8		A community trust d	escribed in sectio i	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9	X	An organization that r	normally receives (1) more than 33 1/3% of it	s support fr	om contribu	utions, mer	nbership fe	es, and gro	oss			
		receipts from activitie	s related to its exem	npt functions - subject to c	ertain exce	ptions, and	(2) no mor	e than 33 1	1/3% of its				
		support from gross in	vestment income a	nd unrelated business tax	able incom	e (less sect	on 511 tax) from busi	nesses				
		acquired by the orga	anization after June	e 30, 1975 See section	509(a)(2).	(Complete	Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509((a)(4).					
11		An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	tions of, or	to carry ou	it the				
		purposes of one or r	more publicly supp	orted organizations desc	cribed in se	ection 509(a	a)(1) or se	ction 509(a)(2) See	section			
		509(a)(3). Check the	e box that describe	es the type of supporting	organizatio	on and com	plete line:	s 11e throu	ıgh 11h				
		a ∐ Typel	b ∐ Typ		Type III-				d	∐ Type≀	II-Other		
е	Ш			ganization is not controlled									
		persons other than for	oundation managers	s and other than one or mo	ore publicly	supported (organizatio	ns describ	ed in sectio	n			
		509(a)(1) or section 5											
f		If the organization red	ceived a written dete	ermination from the IRS th	at it is a Ty	pe I, Type I	l, or Type I	II supportin	9				_
		organization, check the											∐
g			06, has the organiza	ition accepted any gift or o	contribution	from any of	f the						
		following persons?											
			•	controls, either alone or too	•	•		. ,				Yes	No
				of the supported organiza	tion?	• • • • •		• • • •	• • • • •		11g(i)	 	
		• •	er of a person descr	• • •		• • • • •					11g(iı)	├	<u> </u>
			•	described in (i) or (ii) abor		• • • • •	• • • • •		• • • • •		11g(iii)	<u></u>	L
<u>h</u>				he supported organization	T								
	(ı) N	ame of supported organization	(ii) EIN	(lil) Type of organization (described on lines 1-9		organization sted in your	(v) Did y	ou notify sization in		ls the ion in col		Amount support	of
				above or IRC section		document?	col (i)	of your	(i) organiz	zed in the		• •	
				(see instructions))	- Van	No.		port?		S ?			
(A)				-	Yes	No	Yes	No_	Yes	No			
(^)													
(B)		· · · · · · · · · · · · · · · · · · ·	 		 	 	-	<u> </u>		 	-		
(6)										1			
(C)					 	 					 		
(0)]				
(D)				 	 	 			-				
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Guitars in the Classroom

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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 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 In 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (c) 2009 **(b)** 2008 (d) 2010 (e) 2011 (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 Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 14 % Public support percentage from 2010 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test - 2010. 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 17a 10%-facts-and-circumstances test - 2011. 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 b 10%-facts-and-circumstances test - 2010. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Sec	ction A. Public Support	der die tests listed t	below, please compl	ele Fall II.)			
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	407,098	110,645	111,606	137,040	107,593	873,982
2	Gross receipts from admissions, merchan- dise sold or services performed, or faci- lities furnished in any activity that is related to the organization's tax-exempt purpose		220,013	222,000		207,333	0.13,302
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	407,098	110,645	111,606	137,040	107,593	873,982
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.)	A A A A A A A A A A A A A A A A A A A			,		873,982
	ction B. Total Support	 				· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6	407,098	110,645	111,606	137,040	107,593	873,982
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	407,098	110,645	111,606	137,040	107,593	873,982
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		h, or fifth tax year	as a section 501(c)	(3) 	▶ 🛚
	ction C. Computation of Public Su						
15	Public support percentage for 2011 (line 8, col					15	%
16	Public support percentage from 2010 Schedul ction D. Computation of Investme			· · · · · · · · · ·		16	%
<u>3e</u>	Investment income percentage for 2011 (lin			naluma (fl)		17	%
18	Investment income percentage for 2011 (iiii Investment income percentage from 2010 S					18	% %
	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	zation did not ched	k the box on line 1	4, and line 15 is m	ore than 33 1/3%.	and line	•
b	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this	zation did not ched	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	▶□
20	Private foundation. If the organization did		-	-	• • • •		▶∺

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Attach to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public /

Employer identification number

Guitars in the Classroom 71-1013691 01. Description of other expenses (Part I, line 16) Description Amount Bank fees 54 Insurance 8,339 Meals 80 Office Expenses 1,611 Marketing 609 Office Supplies 1,493 47 Transportation 175 Taxes Permits and Licenses 220 Miscellaneous 74 Guitars Contributed 20,000 Depreciation 18,587 02. Other changes in net assets or fund balances (Part I, line 20) Description Amount Prior period adjustments 2,509 03. Description of other assets (Part II, line 24) Beginning Category of Year End of Year Accounts Receivable 35,203 26,742 Equipment 52,878 57,070

Schedule O (Form 990 or 990-EZ) (2011)				Page 2
Name of the organization			Employer identification num	ber
Guitars in the Classroom			71-1013691	
				
04. Description of total liabilities	(Part II, line 26)			
	Beginning		· · · · · · · · · · · · · · · · · · ·	
Category	of Year	End of Your		
Category	OI Ieai	End of Year		
Accounts Payable	12,580	15,213		

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