





**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55126	57008
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	55126	57008
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55126	57008

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SCHOOL ORCHESTRA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO ENHANCE THE MUSICAL EXPERIENCE OF OVER 300 ORCHESTRA STUDENTS, TO ASSIST THE ORCHESTRA DIRECTORS AND PROMOTE INTEREST AND SUPPORT FOR THE ORCHESTRA PROGRAM IN THE LOCAL COMMUNITY (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	41400
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	41400

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARY JENKINS, PRESIDENT	10	0	0	0
JENNIFER LEE, VICE PRESIDENT	10	0	0	0
SUSANA DELA TORRA, SECRETARY	5	0	0	0
KAREN FORD, TREASURER	5	0	0	0
AMANDA WILLIAMS, MEMBERSHIP	5	0	0	0
LISA HOULIHAN, WAYS & MEANS	5	0	0	0
0				