

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)

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 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable: C Name of organization FROM THE TOP, INC. D Employer identification number 04-3583756 E Telephone number 617-437-0707

G Website: FROMTHETOP.ORG J Organization type 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization L Gross receipts: 4,328,247. M Check if the organization is not required to attach Sch. B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, membership dues, interest, dividends, rents, investment income, sales of assets, special events, and inventory.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 4</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>211,950</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	211,950.	211,950.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	125,000.	70,406.	18,496.	36,098.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,383,315.	860,110.	173,375.	349,830.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	124,419.	64,718.	23,195.	36,506.
<b>29</b> Payroll taxes	130,022.	80,214.	16,540.	33,268.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone	30,508.	16,067.	8,107.	6,334.
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance	20,320.	11,938.	4,951.	3,431.
<b>38</b> Printing and publications				
<b>39</b> Travel	375,379.	351,498.	4,460.	19,421.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	62,379.	32,437.	16,219.	13,723.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 3</b>	1,866,638.	1,439,025.	244,750.	182,863.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,329,930.	3,138,363.	510,093.	681,474.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> THE ORGANIZATIONS' NEWEST VENTURE, A 13 PART TELEVISION SERIES, FROM THE TOP: LIVE FROM CARNEGIE HALL, LAUNCHED IN FISCAL YEAR 2007 AND HAS BEEN CARRIED IN OVER 65% OF THE PBS TELEVISION MARKETS IN ITS FIRST YEAR OF DISTRIBUTION.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,293,120.
<b>b</b> RADIO SHOW PRODUCTION AND RELATED EDUCATIONAL PROGRAMS FOR THE "FROM THE TOP" RADIO BROADCAST DURING THE FISCAL YEAR ENDED JUNE 30, 2008	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,845,243.
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,138,363.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	86,271.	298,721.
	46 Savings and temporary cash investments .....	2,235,466.	1,155,796.
	47 a Accounts receivable .....	1,080,122.	
	b Less: allowance for doubtful accounts .....		
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		
	49 Grants receivable .....		
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		
	52 Inventories for sale or use .....		
	53 Prepaid expenses and deferred charges .....	13,114.	39,604.
	54 a Investments - publicly-traded securities .....		
	b Investments - other securities .....		
	55 a Investments - land, buildings, and equipment: basis .....		
	b Less: accumulated depreciation .....		
	56 Investments - other .....		
57 a Land, buildings, and equipment: basis .....	295,012.		
b Less: accumulated depreciation <b>STMT 6</b> .....	127,322.		
58 Other assets, including program-related investments (describe .....			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	3,332,232.	2,741,933.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	482,529.	430,594.
	61 Grants payable .....		
	62 Deferred revenue .....	792,500.	310,000.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable <b>STMT 7</b> .....		
	65 Other liabilities (describe .....	81,450.	67,286.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	1,356,479.	807,880.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	687,917.	652,149.
	68 Temporarily restricted .....	1,287,836.	1,281,904.
	69 Permanently restricted .....		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	1,975,753.	1,934,053.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	3,332,232.	2,741,933.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements 4,731,570. Row b: Amounts included on line a but not on Part I, line 12: 403,323. Row c: Subtract line b from line a 4,328,247. Row d: Amounts included on Part I, line 12, but not on line a: 0. Row e: Total revenue (Part I, line 12). Add lines c and d 4,328,247.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements 4,773,269. Row b: Amounts included on line a but not on Part I, line 17: 443,339. Row c: Subtract line b from line a 4,329,930. Row d: Amounts included on Part I, line 17, but not on line a: 0. Row e: Total expenses (Part I, line 17). Add lines c and d 4,329,930.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (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 & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 9, 125,000, 0, 0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <b>15</b>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	<b>75b</b>	<b>X</b>
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ..... If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	<b>X</b>
<b>d</b>	Does the organization have a written conflict of interest policy? .....	<b>75d</b>	<b>X</b>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> (See the instructions.)		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	<b>76</b>	<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? ..... If "Yes," attach a conformed copy of the changes.	<b>77</b>	<b>X</b>
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<b>78a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? ..... <b>N/A</b>	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	<b>79</b>	<b>X</b>
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	<b>80a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <b>N/A</b> ..... _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.) ..... <b>81a</b>   0.		
<b>b</b>	Did the organization file Form 1120-POL for this year? .....	<b>81b</b>	<b>X</b>

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	403,323.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members N/A		
85d	Section 162(e) lobbying and political expenditures N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A		
86b	Gross receipts, included on line 12, for public use of club facilities N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	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.		
89b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed MA		
90b	Number of employees employed in the pay period that includes March 12, 2007 27		
91 a	The books are in care of JENNIFER HURLEY-WALES Telephone no. 617-437-0707 Located at 295 HUNTINGTON AVENUE, SUITE 201, BOSTON, MA ZIP + 4 02115+4433		
91b	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 N/A		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CARRIAGE FEES					500,000.
b ROAD SHOW FEES					343,459.
c EDUCATIONAL FEES					27,305.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	65,420.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			03	10,718.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		76,138.	870,764.
105 Total (add line 104, columns (B), (D), and (E))					946,902.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES FOR THE BROADCASTING OF "FROM THE TOP" PROGRAMS THAT ALLOWS THE PROGRAMS TO BE HEARD AROUND THE UNITED STATES
93B	FEES PAID BY SPONSORING HOST WHEN "FROM THE TOP" TAPES ON THE ROAD
93C	FEES FOR PARTICIPATION IN EDUCATIONAL PROGRAMS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

**Please Sign Here**

	Date
<b>CEO/OPERATIONS DIRECTOR</b> <small>Type or print name and title</small>	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>05/04/09</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ERCOLINI &amp; COMPANY LLP</b> <b>101 ARCH STREET, SUITE 300</b> <b>BOSTON, MA 02110</b>		EIN	Phone no. <b>6174825511</b>

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>FROM THE TOP, INC.</b>	Employer identification number <b>04 3583756</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID BALSOM 295 HUNTINGTON AVE SUITE 201, BOSTON,	TOUR PRODUCER 40.00	95,500.	9,542.	
TIMOTHY BANKER 295 HUNTINGTON AVE SUITE 201, BOSTON,	CO-PRODUCER 40.00	83,500.	9,542.	
JENNIFER HURLEY-WALES 295 HUNTINGTON AVE SUITE 201, BOSTON,	CEO 32.00	125,000.		
MARIE LLEWELLYN 295 HUNTINGTON AVE SUITE 201, BOSTON,	DIRECTOR OF DEV. 40.00	125,000.	9,542.	
TIMOTHY LINDBERG 295 HUNTINGTON AVE SUITE 201, BOSTON,	COMMUNICATIONS DIR. 40.00	85,000.	9,542.	
Total number of other employees paid over \$50,000 ▶		13		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ACCOUNTING MANAGEMENT SOLUTIONS 800 SOUTH STREET, SUITE 195, WALTHAM, MA 02453	CONSULTING & ACCOUNTING	121,796.
WESTSHIRE PRODUCTIONS 6300 WESTSHIRE DR., LOS ANGELES, CA 90048	SHOW HOST	109,588.
TOM VOEGELI 230 SECOND STREET, MARINE ON ST. CROIX, MN 55047	PRODUCER	109,442.
Total number of others receiving over \$50,000 for professional services ▶		0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

**Part III** **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>66,729.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		X
b	Did the organization have a section 403(b) annuity plan for its employees? .....		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
b	Did the organization make any taxable distributions under section 4966? .....		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,672,919.	1,669,318.	1,442,388.	214,084.	6,998,709.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	825,676.	974,342.	8,762.	50,139.	1,858,919.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	91,345.	23,423.	352.		115,120.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,589,940.	2,667,083.	1,451,502.	264,223.	8,972,748.
24 Line 23 minus line 17	3,764,264.	1,692,741.	1,442,740.	214,084.	7,113,829.
25 Enter 1% of line 23	45,899.	26,671.	14,515.	2,642.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 142,277.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,576,669.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,113,829.
d Add: Amounts from column (e) for lines: 18 115,120. 19 22 1,576,669.					26d 1,691,789.
e Public support (line 26c minus line 26d total)					26e 5,422,040.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 76.2183%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....	X		66,729.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			66,729.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**SEE STATEMENT 10**





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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
42	BELFOR	09/04/07	SL	3.00		HY16	1,836.				1,836.			510.	510.
43	ENVIROCHECK	09/20/07	SL	3.00		HY16	780.				780.			195.	195.
44	ENVIROCHECK	08/20/07	SL	3.00		HY16	875.				875.			243.	243.
45	HANS KURPS	11/06/07	SL	3.00		HY16	725.				725.			161.	161.
46	HANS KURPS	09/01/07	SL	3.00		HY16	1,533.				1,533.			426.	426.
47	HANS KURPS	09/20/07	SL	3.00		HY16	766.				766.			192.	192.
48	BOSTON	11/04/07	SL	3.00		HY16	7,175.				7,175.			1,594.	1,594.
49	G&O, INC.	11/09/07	SL	3.00		HY16	1,910.				1,910.			424.	424.
50	APPLE COMPUTER	10/19/07	SL	5.00		HY16	2,000.				2,000.			267.	267.
51	SERVER	10/19/07	SL	5.00		HY16	4,725.				4,725.			630.	630.
52	INSTALLATION	10/19/07	SL	5.00		HY16	9,483.				9,483.			1,264.	1,264.
53	COMPUTER	10/19/07	SL	5.00		HY16	3,583.				3,583.			478.	478.
54	COMPUTER	12/14/07	SL	5.00		HY16	2,296.				2,296.			268.	268.
55	COMPUTER	12/14/07	SL	5.00		HY16	2,526.				2,526.			295.	295.
56	MONITOR	12/14/07	SL	5.00		HY16	693.				693.			81.	81.
57	COMPUTER	03/01/08	SL	5.00		HY16	1,548.				1,548.			103.	103.
58	APPLE COMPUTER	02/28/08	SL	5.00		HY16	9,469.				9,469.			631.	631.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
59	FURNITURE	11/07/07	SL	5.00		HY16	17,579.				17,579.			2,344.	2,344.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES						69,502.				69,502.	0.		10,106.	10,106.
2	EQUIPMENT	12/01/01	200DB	5.00		HY17	11,892.				11,892.	9,635.		481.	10,116.
3	COMPUTER EQUIPMENT	02/14/04	200DB	5.00		MQ17	2,475.			1,238.	1,237.	1,010.		151.	1,161.
4	COMPUTERS	05/11/04	200DB	3.00		MQ17	2,249.			1,125.	1,124.	1,124.		0.	1,124.
5	COMPUTER EQUIPMENT	10/01/03	200DB	5.00		MQ17	2,843.			1,422.	1,421.	1,199.		162.	1,361.
6	COMPUTER HARDWARE	06/30/04	200DB	5.00		MQ17	3,700.			1,850.	1,850.	1,471.		253.	1,724.
7	PRINTER	11/10/03	200DB	5.00		MQ17	154.			77.	77.	65.		9.	74.
8	CHAIR	11/10/03	200DB	5.00		MQ17	179.			90.	89.	75.		10.	85.
9	OFFICE FURNITURE & EQUIPMENT	12/31/04	200DB	5.00		HY17	10,265.				10,265.	7,697.		1,774.	9,471.
16	COMPUTERS	07/21/05	200DB	5.00		HY17	5,377.				5,377.	1,613.		1,613.	3,226.
17	COMPUTERS	09/23/05	200DB	5.00		HY17	3,516.				3,516.	1,055.		1,055.	2,110.
18	COMPUTER	10/18/05	200DB	5.00		HY17	1,095.				1,095.	329.		329.	658.
19	COMPUTER	02/24/06	200DB	5.00		HY17	1,528.				1,528.	459.		459.	918.
20	MISC COMPUTER	02/28/06	200DB	5.00		HY17	3,605.				3,605.	1,082.		1,440.	2,522.
21	MISC COMPUTER	05/09/06	200DB	5.00		HY17	1,104.				1,104.	331.		331.	662.
23	TELEPHONE SYSTEM	03/30/06	200DB	3.00		HY17	16,000.				16,000.	8,000.		5,333.	13,333.
28	MISC COMPUTER	08/01/06	200DB	5.00		HY17	1,400.				1,400.	140.		280.	420.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	COMPUTER HARDWARE	09/01/06	200DB	5.00		HY17	19,214.				19,214.	1,921.		3,843.	5,764.
30	DELL COMPUTERS	11/01/06	200DB	5.00		HY17	5,075.				5,075.	508.		1,015.	1,523.
31	APPLE COMPUTER	02/01/07	200DB	5.00		HY17	2,726.				2,726.	273.		545.	818.
	* 990 PAGE 2 TOTAL -						163,899.			5,802.	158,097.	37,987.		29,189.	67,176.
10	RECORDING EQUIPMENT	07/27/05	200DB	7.00		HY17	802.				802.	172.		172.	344.
11	AUDIO EQUIPMENT	07/29/05	200DB	7.00		HY17	66,821.				66,821.	14,319.		14,319.	28,638.
12	DUPLICATION SYSTEM	08/04/05	200DB	7.00		HY17	1,928.				1,928.	413.		413.	826.
13	COMPUTER	08/04/05	200DB	5.00		HY17	3,440.				3,440.	1,032.		1,032.	2,064.
14	DISPLAY EQUIPMENT	08/04/05	200DB	7.00		HY17	1,076.				1,076.	231.		231.	462.
15	MISC OTHER EQUIPMENT	08/10/05	200DB	7.00		HY17	3,034.				3,034.	650.		650.	1,300.
24	SPEAKERS	07/29/05	200DB	7.00		HY17	13,680.				13,680.	2,931.		2,931.	5,862.
	* 990 PAGE 2 TOTAL -						90,781.				90,781.	19,748.		19,748.	39,496.
25	BLACKBAUD	12/01/06	200DB	3.00		HY17	7,900.				7,900.	1,406.		2,633.	4,039.
26	BLACKBAUD	07/01/07	200DB	3.00		HY19A	16,665.				16,665.			5,554.	5,554.
27	BLACKBAUD	07/01/07	200DB	3.00		HY19A	15,767.				15,767.			5,255.	5,255.
	* 990 PAGE 2 TOTAL -						40,332.				40,332.	1,406.		13,442.	14,848.
	* GRAND TOTAL 990 PAGE 2 DEPR						295,012.			5,802.	289,210.	59,141.		62,379.	121,520.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
MERCHANDISE SALES	07/01/07	12/01/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	10,718.	0.	0.	0.	10,718.
TO FM 990, PART I, LN 8	10,718.	0.	0.	0.	10,718.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
IN KIND CONTRIBUTIONS INCLUDED IN RECEIVABLES PER BOOKS	-40,017.
TOTAL TO FORM 990, PART I, LINE 20	-40,017.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PRODUCTION COSTS	1,125,607.	1,125,607.		
EDUCATION	103.	103.		
ADVERTISING	16,500.	16,500.		
INSURANCE	11,240.	6,844.	3,962.	434.
OFFICE EXPENSES	271,333.	95,209.	86,206.	89,918.
TELEVISION	209.	209.		
PROFESSIONAL FEES	296,033.	103,331.	143,241.	49,461.
FACILITY RENTAL	22,383.	13,047.	4,953.	4,383.
MARKETING	103,148.	78,175.	6,388.	18,585.
EVENTS EXPENSE	20,082.			20,082.
TOTAL TO FM 990, LN 43	1,866,638.	1,439,025.	244,750.	182,863.

FORM 990

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

KELLEY, CAITLIN

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	1,380.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

TRIPP, SEAN  
2432 INDIANA AVE  
LANSING, IL 60438

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	500.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

BATYONATHAN, MATAR-ITAI

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	2,750.

COST 0. 2,750.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

GRAY, EMMANUEL

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	8,099.

COST 0. 8,099.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

KIM, MARGARET

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	6,043.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

KUFCHAK, MATTHEW

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	8,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LAMB-BUDGE, JUSTINE

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	6,117.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LAY, DANIEL

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	3,000.



CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LEE, ANNA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	7,077.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LEON, LUCIA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
	0.	2,465.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

MENG, YUQING

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	6,896.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

ROMMEL, SARAH

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	6,236.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

SHIVONE, THOMAS

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	1,500.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

VALLECILLO, ELIODORO

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	4,136.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

CAMPOS, GABRIEL

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	2,763.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

SUN, JINGCHEN

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	5,791.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

BASOFF-DARSKAIA, ELIZABETH

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	5,000.

COST 0. 5,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

FILOCHOWSKA, KALLIE

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

COST 0. 10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

JOHNSON, ANDREA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	959.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

FILOCHOWSKI, PIOTR

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

HUDOCK, EMILY

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	5,210.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LEE, GRACE

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LITVINENKO, ANNA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

OLARTE-HAYES, NICOLAS

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.



CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

BURLA, ALICIA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	3,695.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

BROWN, NOAH

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

DONG, XUANBO

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	9,953.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

JI, HANNAH

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LEE, JOSEPH

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	6,980.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

LIM, ALINA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

KING, NICHOLAS

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	1,700.

COST 0. 1,700.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

SONG, DANIEL

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

COST 0. 10,000.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

WONG, STELLA

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	5,700.

CLASS OF ACTIVITY: TUITION AND FEES

DONEE'S NAME AND ADDRESS

ZHU, ALVIN

<u>RELATIONSHIP OF DONEE</u>	<u>DESCRIPTION OF PROPERTY</u>	<u>DATE OF GIFT</u>
NONE	TUITION, FEES, LEASONS, TRAVEL OR MUSICAL INST ASSOCIATED W/PERFORMANCE ARTS	VARIOUS

METHOD USED TO DETERMINE BOOK VALUE

COST

<u>METHOD USED TO DETERMINE FAIR MARKET VALUE</u>	<u>BOOK VALUE</u>	<u>AMOUNT GIVEN</u>
COST	0.	10,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	211,950.
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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      5  
PART III

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## EXPLANATION

THE ORGANIZATION PRESENTS CELEBRATES AND INSPIRES THE PURSUIT OF EXCELLENCE IN MUSIC AND THE ARTS BY SHOWCASING THE SPIRITED PERFORMANCES AND PERSONAL STORIES OF THE NATION'S OUTSTANDING YOUNG CLASSICAL MUSICIANS. BY UTILIZING MULTIPLE PLATFORMS, FROM THE TOP PROVIDES OPPORTUNITIES FOR 8 TO 18 YEAR OLD TO PRESENT THEMSELVES, SHARE THEIR PASSION AND DEVELOP INTO IMPORTANT CULTURAL LEADERS. THE EDUCATION AND COMMUNITY OUTREACH PROGRAMS BRING FROM THE TOP PERFORMERS INTO CLASSROOMS, YOUTH ORGANIZATIONS, AND ARTS PROGRAMS ACROSS THE COUNTRY.

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FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT      6

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	11,892.	10,116.	1,776.
COMPUTER EQUIPMENT	2,475.	2,399.	76.
COMPUTERS	2,249.	2,249.	0.
COMPUTER EQUIPMENT	2,843.	2,783.	60.
COMPUTER HARDWARE	3,700.	3,574.	126.
PRINTER	154.	151.	3.
CHAIR	179.	175.	4.
OFFICE FURNITURE & EQUIPMENT	10,265.	9,471.	794.
RECORDING EQUIPMENT	802.	344.	458.
AUDIO EQUIPMENT	66,821.	28,638.	38,183.
DUPLICATION SYSTEM	1,928.	826.	1,102.
COMPUTER	3,440.	2,064.	1,376.
DISPLAY EQUIPMENT	1,076.	462.	614.
MISC OTHER EQUIPMENT	3,034.	1,300.	1,734.
COMPUTERS	5,377.	3,226.	2,151.
COMPUTERS	3,516.	2,110.	1,406.
COMPUTER	1,095.	658.	437.
COMPUTER	1,528.	918.	610.
MISC COMPUTER	3,605.	2,522.	1,083.
MISC COMPUTER	1,104.	662.	442.
TELEPHONE SYSTEM	16,000.	13,333.	2,667.
SPEAKERS	13,680.	5,862.	7,818.
BLACKBAUD	7,900.	4,039.	3,861.
BLACKBAUD	16,665.	5,554.	11,111.
BLACKBAUD	15,767.	5,255.	10,512.
MISC COMPUTER	1,400.	420.	980.
COMPUTER HARDWARE	19,214.	5,764.	13,450.
DELL COMPUTERS	5,075.	1,523.	3,552.
APPLE COMPUTER	2,726.	818.	1,908.
BELFOR	1,836.	510.	1,326.

ENVIROCHECK	780.	195.	585.
ENVIROCHECK	875.	243.	632.
HANS KURPS	725.	161.	564.
HANS KURPS	1,533.	426.	1,107.
HANS KURPS	766.	192.	574.
BOSTON	7,175.	1,594.	5,581.
G&O, INC.	1,910.	424.	1,486.
APPLE COMPUTER	2,000.	267.	1,733.
SERVER	4,725.	630.	4,095.
INSTALLATION	9,483.	1,264.	8,219.
COMPUTER	3,583.	478.	3,105.
COMPUTER	2,296.	268.	2,028.
COMPUTER	2,526.	295.	2,231.
MONITOR	693.	81.	612.
COMPUTER	1,548.	103.	1,445.
APPLE COMPUTER	9,469.	631.	8,838.
FURNITURE	17,579.	2,344.	15,235.
TOTAL TO FORM 990, PART IV, LN 57	295,012.	127,322.	167,690.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT

CITIZENS BANK OF MASSACHUSETTS

MONTHLY

DATE OF NOTE MATURITY DATE ORIGINAL LOAN AMOUNT INTEREST RATE

09/04/05 09/04/10 70,000. 6.85%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

EQUIPMENT

PURCHASE EQUIPMENT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION

FMV OF CONSIDERATION

BALANCE DUE

PRODUCTION EQUIPMENT

0.

0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION

BEGINNING OF YEAR

END OF YEAR

DUE TO CONCERT PRODUCTIONS, INC. PAYROLL LIABILITIES

81,450.

61,450.  
5,836.

TOTAL TO FORM 990, PART IV, LINE 65

81,450.

67,286.



FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
FRANCIS HUNNEWELL 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	CHAIRMAN 5.00	0.	0.	0.
JENNIFER HURLEY-WALES 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	CEO/OPERATIONS DIRECTOR 40.00	125,000.	0.	0.
GERALD SLAVET 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 40.00	0.	0.	0.
BETH S. KLARMAN 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
GLORIA N. MOODY 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
ERIC ODDLEIFSON 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	CLERK 1.00	0.	0.	0.
ROWAN O'RILEY 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
JOHN PATTILLO 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	TREASURER 1.00	0.	0.	0.
JEFFREY RAYPORT 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
ANTHONY TJAN 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
STEPHEN SYMCHYCH 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.

CORINNE FERGUSON 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
MEREDITH MCPHERRON 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
STEPHEN SHAPIRO 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
JANET WHITLA 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
ANTHONY WOODCOCK 295 HUNTINGTON AVE, SUITE 201 BOSTON, MA 02115	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>125,000.</u>	<u>0.</u>	<u>0.</u>

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SCHEDULE A                      STATEMENT OF LOBBYING ACTIVITIES - PART VI-B                      STATEMENT 10

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PURSUANT TO TRES. REG. SEC 1.501(C)(3)-1(D)(3)(I) AND (IV), THE ORGANIZATION IS AN EDUCATIONAL ORGANIZATION ENGAGING IN NONPARTISAN ANALYSIS AND ATTEMPTS TO INFLUENCE LEGISLATION TO FOSTER ITS EXEMPT PURPOSE. MOREOVER, THE ORGANIZATION DOES NOT ATTEMPT TO ADOPT OR DEFEAT ANY PROPOSED LEGISLATION OR ENDORSE OR OPPOSE ANY CANDIDATE FOR POLITICAL OFFICE.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

**2007**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FROM THE TOP, INC.**

**FORM 990 PAGE 2**

**04-3583756**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	10,106.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	41,464.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		32,432.	3 YRS.	HY	200DB	10,809.
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	62,379.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	