

November 25, 2009

Mrs. Ann J. Divine  
Executive Director  
The Fischhoff National Chamber Music Association, Inc.  
303 Brownson Hall  
Notre Dame, IN 46556

Dear Ann:

Enclosed is the 2008 U.S. Form 990-EZ, *Return of Organization Exempt from Income Tax*, for The Fischhoff National Chamber Music Association, Inc. for the tax year ending June 30, 2009.

Your 2008 U.S. Form 990-EZ, *Return of Organization Exempt from Income Tax*, has been electronically filed.

Also enclosed is the Organization's 2008 Indiana Form NP-20, *Indiana Nonprofit Organization's Annual Report*. The report should be signed by by authorized officer or fiduciary and mailed on or before **February 16, 2010** to:

Indiana Department of Revenue, Tax Administration  
PO Box 7147  
Indianapolis, IN 46207-7147

No payment is due with the report.

For returns to be filed by mail we recommend that you use certify mail with return receipts requested. You should retain all mailing receipts for proof of the filing date, and you should retain the enclosed copy of the returns permanently.

We prepared these returns based on information provided to us by you or your staff. Since you have the final responsibility for the accuracy and completeness of these returns, you should review them carefully for any errors or omissions before filing them.

We appreciate the opportunity to serve you. Please let me know if you have any questions about anything in these returns or if you believe anything in them is incomplete or inaccurate.

Sincerely,

Richard J. Cullar  
Certified Public Accountant

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2008**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>The Fischhoff National Chamber Music Association, Inc.</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>303 Brownson Hall</b> City or town, state or country, and ZIP + 4 <b>Notre Dame IN 46556</b>	<b>D</b> Employer identification number <b>35-1650154</b> <b>E</b> Telephone number <b>(574) 631-0984</b> <b>F</b> Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ fischhoff.org

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

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **319,920.**

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

	Description	Line	Amount
<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	284,634.
	2 Program service revenue including government fees and contracts	2	16,440.
	3 Membership dues and assessments	3	
	4 Investment income	4	4,056.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0. of contributions reported on line 1)	6a	12,335.
b Less: direct expenses other than fundraising expenses	6b	21,903.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-9,568.	
7a Gross sales of inventory, less returns and allowances	7a	2,035.	
b Less: cost of goods sold	7b	921.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,114.	
8 Other revenue (describe ▶ <u>Miscellaneous</u> )	8	420.	
9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	297,096.	
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	158,642.
	13 Professional fees and other payments to independent contractors	13	42,586.
	14 Occupancy, rent, utilities, and maintenance	14	5,125.
	15 Printing, publications, postage, and shipping	15	21,951.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	60,140.
17 <b>Total expenses</b> (add lines 10 through 16)	17	288,444.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,652.	
<b>ASSETS</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	495,981.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-53,828.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	450,805.

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	163,680.	146,086.
23 Land and buildings	820.	225.
24 Other assets (describe ▶ See L-24 Stmt)	338,656.	311,215.
25 <b>Total assets</b>	503,156.	457,526.
26 <b>Total liabilities</b> (describe ▶ See L-26 Stmt)	7,175.	6,721.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	495,981.	450,805.

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

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Education and promotion of chamber music.</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>More than 6,000 children received free chamber music programs. 113 programs were presented during the 2009 Fischhoff National Chamber Music Competition, reaching 3,000 community members.</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>181,807.</b>
<b>29</b>	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	<b>32</b>	<b>181,807.</b>

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Ann Divine</u> <u>303 Brownson Hall</u> <u>Notre Dame IN 46556</u>	<u>Executive Director</u> <u>40.00</u>	<u>57,363.</u>	<u>2,386.</u>	<u>0.</u>
<u>Hannah Kim</u> <u>303 Brownson Hall</u> <u>Notre Dame IN 46556</u>	<u>Bookkeeper</u> <u>5.00</u>	<u>3,715.</u>	<u>0.</u>	<u>0.</u>
<u>Alfred Guillaume</u> <u>14545 Stonington Ct.</u> <u>Granger IN 46530</u>	<u>President</u> <u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Mimi Leahy</u> <u>51015 Shamrock Hills Ct.</u> <u>Granger IN 46530</u>	<u>Vice President</u> <u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Janet Horvath</u> <u>1222 Academy Place</u> <u>South Bend IN 46616</u>	<u>Secretary</u> <u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Pamela Chipman</u> <u>1208 Leeper Avenue</u> <u>South Bend IN 46617</u>	<u>Treasurer</u> <u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Charlotte Ford</u> <u>1921 Coventry Trail</u> <u>South Bend IN 46637</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>David Aranowski</u> <u>212 E. LaSalle Ave., Suite 220</u> <u>South Bend IN 46617</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Thomas Rosenberg</u> <u>1911 Princeton Avenue</u> <u>St. Paul ME 55105</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Michael Charbonneau</u> <u>1039 Pennsylvania Ave.</u> <u>South Bend IN 46601</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Margie Collier</u> <u>15880 Ashville Lane</u> <u>Granger IN 46530</u>	<u>Director</u> <u>1.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶ 37a</b>   0.		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> 0.; section 4912 <b>▶</b> 0.; section 4955 <b>▶</b> 0.		
<b>b</b>	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed <b>▶ Indiana</b>		

**42a** The books are in care of **▶ Hannah Kim** Telephone no. **▶ (574) 631-0984**  
 Located at **▶ 303 Brownson Hall** **Notre Dame** **IN** ZIP + 4 **▶ 46556**

		Yes	No
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country: <b>▶</b>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If 'Yes,' enter the name of the foreign country: <b>▶</b>		

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

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

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

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .....	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization? .....	<b>49b</b>	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 .....	0			

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 .....	0	

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.

<b>Sign Here</b>	Signature of officer	Date
	<b>Ann J. Divine</b> Type or print name and title.	<b>Executive Director</b>

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

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

**BAA** Form **990-EZ** (2008)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization <b>The Fischhoff National Chamber Music Association, Inc.</b>	Employer identification number <b>35-1650154</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .	231,737.	282,840.	237,127.	251,232.	284,634.	1,287,570.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .	231,737.	282,840.	237,127.	251,232.	284,634.	1,287,570.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						1,287,570.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 . . . . .	231,737.	282,840.	237,127.	251,232.	284,634.	1,287,570.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,072.	1,597.	5,628.	8,119.	4,056.	20,472.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						1,308,042.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	198,852.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	98.43%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f . . . . .	15	83.21%
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
16b <b>33-1/3 support test – 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

The Fischhoff National Chamber Music Association, Inc.

Employer identification number

35-1650154

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule –**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>The Fischhoff National Chamber Music Association, Inc.</b>	Employer identification number <b>35-1650154</b>
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**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Frederick S. Upton Foundation 100 Ridgeway St. Saint Joseph MI 49085	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	Barbara Byrum 3602 S. Ironwood Dr., Apt. 800 South Bend IN 46614	\$ 7,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	Amateur Chamber Music Players Fdn 1123 Broadway, Suite 904 New York NY 10010	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	Don and Nancy Crawford 726 Lincoln Way East Mishawaka IN 46544	\$ 8,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	Follett Higher Education Group PO Box 608 Notre Dame IN 46556	\$ 8,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	St. Joseph Regional Medical Center 4215 Edison Lakes Parkway Mishawaka IN 46545	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

The Fischhoff National Chamber Music Association, Inc.

35-1650154

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	University of Notre Dame 101 O'Shaughnessy Hall Notre Dame IN 46556	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	John and Jeny Sejdinaj 52375 Brendon Hills Drive Granger IN 46530	\$ 14,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Community Foundation of St. Joseph County PO Box 837 South Bend IN 46624	\$ 55,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	The Georgina Joshi Foundation 215 S. Hawthorne Drive South Bend IN 46617	\$ 24,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Form 990-EZ  
Part II**

**Other Assets and Liabilities**

**2008**

Name as Shown on Return <b>The Fischhoff National Chamber Music Association, Inc.</b>	Employer Identification No. <b>35-1650154</b>
--	--

	Beginning of Year	End of Year
<b>Line 24 - Other Assets:</b>		
Accounts receivable	400.	0.
Grants receivable	28,500.	44,087.
Prepaid expenses	0.	1,298.
Beneficial interest in assets held by Community Foundation of St. Joseph County, Inc.	309,756.	265,830.
<b>Totals to Form 990-EZ, Part II, line 24</b> .....	<b>338,656.</b>	<b>311,215.</b>
<b>Line 26 - Total Liabilities:</b>		
Accounts payable and accrued liabilities	7,175.	6,721.
<b>Totals to Form 990-EZ, Part II, line 26</b> .....	<b>7,175.</b>	<b>6,721.</b>

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning Jul 1, 2008, and ending Jun 30, 2009.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

**2008**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

The Fischhoff National Chamber Music Association, Inc.

35-1650154

Name and title of officer

Ann J. Divine

Executive Director

**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a Form 990</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, line 12) . . . . .	<b>1b</b>	
<b>2a Form 990-EZ</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	<u>297,096.</u>
<b>3a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	
<b>4a Form 990-PF</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b>	
<b>5a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Cullar & Associates, PC, CPA's to enter my PIN 50154 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 11/25/2009

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN . . . . . 35386708911  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

Depreciation	595.
Prizes and scholarships	29,100.
Supplies	8,720.
Travel	6,901.
Food and catering	6,188.
Advertising and promotion	5,167.
Insurance	2,200.
Other	1,269.
<b>Total</b>	<b>60,140.</b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Christine Cook 3352 Topsfield Road South Bend IN 46614 Foreign city ... _____ Foreign country ..... _____	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Bernard Edwards 3355 S. Twyckenham Dr. South Bend IN 46614 Foreign city ... _____ Foreign country ..... _____	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> June Edwards 3355 S. Twyckenham Dr. South Bend IN 46614 Foreign city ... _____ Foreign country ..... _____	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Ken Eme 15792 Ashville Lane Granger IN 46530 Foreign city ... _____ Foreign country ..... _____	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> William Knight PO Box 210 South Bend IN 46624 Foreign city ... _____ Foreign country ..... _____	Title Director Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>Timothy Maher</b> 53347 Summer Breeze Drive South Bend IN 46637 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>Teresa Roberts</b> 50514 Mallow Court Granger IN 46530 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>Emese Roney Rivera</b> 52777 Ravine Drive Granger IN 46530 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>Kitty Rose</b> 24580 Seaside Court Edwardsburg MI 49112 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>John Sejdinaj</b> 52375 Brendon Hills Drive Granger IN 46530 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>Chris Villaire</b> 4149 Spring Hill Court South Bend IN 46628 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>JoAnn Wittenbach</b> 52419 Farmington Square Rd. Granger IN 46530 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> <b>Christopher Kramer</b> 5325 Larkspur Circle South Bend IN 46614 Foreign city ... Foreign country .....	Title Director Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
Decrease in value of beneficial interest in assets held by Community Foundation of St. Joseph County, Inc.	-53,828.
Total	<u>-53,828.</u>