

Form **990-EZ**

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)

OMB No. 1545-1150

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 Aug 1, 2008, **and ending** Jul 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Foundation for Art & Music in Elementary Education, Inc. d/b/a FAME Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2101 E. Coliseum Blvd. 230A City or town, state or country, and ZIP + 4 Fort Wayne IN 46805-1445	D Employer identification number 35-1719238 E Telephone number (260) 481-0545 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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 ▶ \$ 200,345.

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

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	98,513.
	2	Program service revenue including government fees and contracts	2	70,942.
	3	Membership dues and assessments	3	3,540.
	4	Investment income	4	202.
	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 \$ _____ of contributions reported on line 1)	6a	15,544.
	b Less: direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,544.	
	7a Gross sales of inventory, less returns and allowances	7a	11,604.	
	b Less: cost of goods sold	7b	2,769.	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,835.	
	8 Other revenue (describe ▶ _____)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	197,576.	
E X P E N S E S	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	
	13	Professional fees and other payments to independent contractors	13	7,401.
	14	Occupancy, rent, utilities, and maintenance	14	68,073.
	15	Printing, publications, postage, and shipping	15	7,462.
	16	Other expenses (describe ▶ See Other Expenses Statement _____)	16	100,958.
	17 Total expenses (add lines 10 through 16)	17	183,894.	
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,682.
	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	88,323.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	102,005.

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.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	81,995.	104,095.
23	Land and buildings	8,390.	8,474.
24	Other assets (describe ▶ <u>A/R & Pledge Rec.</u>)	13,254.	13,474.
25	Total assets	103,639.	126,043.
26	Total liabilities (describe ▶ <u>Accts. Payable</u>)	15,316.	24,038.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,323.	102,005.

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

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? FOSTER AND PERPETUATE CREATIVITY THROUGH MULTICULTURAL ARTS EDUCATION. 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.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28	Arts Camp (See Statement)		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	60,434.
29	Visiting Artist Program (See Statement)		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	40,227.
30	Music and Art Festivals (See Statement)		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	36,398.
31	Other program services (attach schedule) (See Statement)		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	23,497.
32	Total program service expenses (add lines 28a through 31a)	32	160,556.

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
Beth Peter 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Executive Director 20.00	16,083.	0.	
Holli Seabury 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Development Dir 20.00	15,000.	0.	
Dorothy Kittaka 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	President 0.00	0.	0.	
Garry Rudd 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Vice-President 0.00	0.	0.	
Kathy Birk 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Vice-President 0.00	0.	0.	
Judy Ward 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Vice-President 0.00	0.	0.	
Monica Bradley 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Treasurer 0.00	0.	0.	
Diane Barton 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Secretary 0.00	0.	0.	
Diana Bartscht 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Director 0.00	0.	0.	
Patty Griest 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Director 0.00	0.	0.	
Michael Schmid 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805	Director 0.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

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

42a The books are in care of **▶** MONICA BRADLEY Telephone no. **▶** (260) 481-0545
 Located at **▶** 2101 E. COLISEUM BLVD., #230A FORT WAYNE IN ZIP + 4 **▶** 46805-1445

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

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

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

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

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

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				

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		

Sign Here

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.

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's Identifying Number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **GALEN D. MAUST, P.C.**
3470 STELLHORN ROAD
FORT WAYNE IN 46815 EIN _____ Phone no. **(260) 483-1934**

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

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

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.')	80,305.	86,904.	98,295.	101,194.	102,053.	468,751.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	80,305.	86,904.	98,295.	101,194.	102,053.	468,751.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						468,751.

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	80,305.	86,904.	98,295.	101,194.	102,053.	468,751.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176.	405.	2,440.	1,693.	202.	4,916.
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.)	0.	0.	881.	2,777.	0.	3,658.
11 Total support. Add lines 7 through 10						477,325.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.20%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	62.82%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

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

Section D. Computation of Investment Income Percentage

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

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>SPECIAL EVENTS</u> (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	15,544.		15,544.
2	Less: Charitable contributions			
3	Gross revenue (line 1 minus line 2)	15,544.		15,544.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses		
	8	Direct expense summary. Add lines 4- through 7 in column (d)		
9	Net income summary. Combine lines 3 and 8 in column (d)			15,544.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a**

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

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

Employer identification number

The Foundation for Art & Music in Elementary Education, Inc. d/b/a FAME 35-1719238

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 The Foundation for Art & Music in Elementary Education, Inc. d/b/a FAME	Employer identification number 35-1719238
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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	Wilson Foundation 110 West Berry Street Fort Wayne IN 46802	\$ 5,000.	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	English Bonter Mitchell Fdn 110 West Berry Street, #1000 Fort Wayne IN 46802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	Sweetwater Sound 5501 US Highway 30 W Fort Wayne IN 46818	\$ 5,000.	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	Smyser Foundation PO Box 960 Fort Wayne IN 46801	\$ 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>
5	Lincoln Financial Group Fdn 1300 South Clinton Street Fort Wayne IN 46802	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	Donald F. Wood, The 80/20 Foundation, Inc. 1701 South 400 East Columbia City IN 46725	\$ 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 Foundation for Art & Music in Elementary Education, Inc. d/b/a FAME

35-1719238

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Olive B. Cole Foundation, Inc. 6207 Constitution Drive Fort Wayne IN 46804	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Dr. Louis A. and Anne B. Schneider Foundation c/o National City Bank, 110 W. Berry St. Fort Wayne IN 46802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Arts United of Greater Fort Wayne 114 East Superior Street Fort Wayne IN 46802	\$ 6,550.	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.)
---	----- ----- -----	\$ -----	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 I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	1,776.
CONTRACT LABOR	78,030.
SUPPLIES	5,662.
TRAVEL	5,942.
PROMOTIONS	4,863.
POSTAGE	1,384.
INSURANCE	197.
MISCELLANEOUS	1,584.
TELEPHONE	607.
DUES AND SUBSCRIPTIONS	210.
BANK FEES	703.
Total	<u><u>100,958.</u></u>

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"/> Wendy Bloom 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kim Brown 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Aaron Butler 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Rose Aimee Butler 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	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"/> C Todd Cummings, Ph.D. 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Sharon Ford 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Janice Furtner 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Suzanne Ginty 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Bonnie Holle 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Jim Hunt 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Shannon McElmurry 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Diane McArdle 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... Foreign country	Title Director Hours/Week 0.00	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"/> Jomare Bowers-Mizzell 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Teresa Nagel 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Robert Norvell 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gloria Shamanoff 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Melissa Swaidner 2101 E Coliseum Blvd, #230A Fort Wayne IN 46805 Foreign city ... _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
CONTRIBUTIONS	91,963.
GRANTS	6,550.
Total	<u>98,513.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
ADMISSIONS AND FEES	17,943.
REGISTRATION FEES	52,999.
Total	<u>70,942.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
LEGAL & ACCOUNTING	4,401.
CONSULTING	3,000.
Total	<u>7,401.</u>

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
Arts Camp - FAME's Summer Arts Camp is a week-long summer residential arts camp at the YMCA Camp Potawatami. As many as 129 campers (ages 8-14) gather together with an outstanding faculty of arts educators to create a unique student artist colony. Morning classes in music, visual art, drama, dance, literature, and storytelling are followed by afternoon camp activities including swimming, boating, and horseback riding. The arts classes-taught by leading arts educators and Visiting Artists-are designed to provide total immersion in the creative arts concentrated around the annual Cultural Focus.	60,434.

Continued

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
Total	<u>60,434.</u>

Supporting Statement of:

Form 990-EZ/Line 29

Description	Amount
Visiting Artist Program-FAME's multicultural Visiting Artist Program seeks to broaden cultural perceptions among elementary school students with performances by leading experts from diverse cultures around the globe. Using the annual Cultural Focus to guide selections, Visiting Artists are masters of ethnic artistic expression and have included painters, sculptors, musicians, composers, dancers, singers, actors, storytellers, and poets. In 2009, FAME Visiting Artists presented 89 performances to nearly 16,036 students, teachers, and parents at 62 schools and community venues across northern Indiana	40,227.
Total	<u>40,227.</u>

Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
Music and Art Festivals-Held every year during the spring, these two-day Festivals across northern Indiana feature an average of 200 performing groups; 2,000 student paintings, drawings and sculptures; and the famous Imaginarium hands-on creative arts center. Performances by Visiting Artists, the interactive Instrument Playground, and the popular Storytelling Alcove all add to the exuberant atmosphere that highlights the creativity of Indiana's elementary students. Annually, some 25,000 students participate in FAME festivals, with an estimated 40,000 spectators. Over 700 volunteers from the greater community come to help with the work. Current FAME Festival sites are in Fort Wayne, Merrillville, and Wabash.	36,398.
Total	<u>36,398.</u>

Supporting Statement of:

Form 990-EZ/Other Program Service Exp

Description	Amount
<p>Composition Project - The FAME Composition Project is an intensive musical program designed to expose fourth grade students to the art of creating music for a symphony orchestra. David Crowe, FAME's Composer-in-Residence, works with the students over an extended period to create unique themes and concepts for the single movement piece. The creation of the music is explained and discussed with the students, and their collective efforts produce a new symphonic work every year. The world premiere performance of the score is presented by the Fort Wayne Philharmonic as part of the NE FAME Festival in March. During 2009, 22 students participated in the Composition Project.</p>	6,623.
<p>Teacher Workshops-Every fall, FAME produces a series of Teacher Workshops designed to give members an intensive day-long exposure to the cultural arts of the chosen focus. During 2009, over 50 teachers attended FAME's Teacher Workshops.</p>	
<p>Rave Reviews-FAME's newsletter sent to members describing FAME's activities and events.</p>	
<p>Fusion of Concert Colors-The Fusion Program promotes interdisciplinary arts understanding by encouraging students to draw emotional connections between music and the visual arts. Educators guide students to create artwork inspired by music chosen from among the possibilities within the scope of the Cultural Focus. During 2009, over 35 schools participated in the Fusion Program.</p>	
<p>Culture Kits-Each year a specific geographic region from around the globe is selected to build the year's activities. Initial resource materials for teachers can be found in FAME's Cultural Kits. Each kit contains a variety of curriculum materials. The kits may be borrowed by FAME member teachers for up to three weeks to use in the classroom.</p>	16,874.
<p>Total</p>	<p><u>23,497.</u></p>