Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Researce

STF FED1923F 1

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

inie		THE GRANTER THE GRANTER THAT THE GRANTER T										
Α	For th	ne 2000 calendar year, or tax year period beginning July	<u> </u>	, 20	00, and ending		June 30 ,2001					
В	Checki	f applicable Please C Name of organization					oyer identification number					
		e of address label or WORLD MUSIC INSTITUTE, INC				13-3	3323045					
F	Спало	e of name print or Number and street (or PO box if mail is not delivered to st	reel addi	ress)	Room/suite	E Telepi	hone number					
F	Initial r	I 'year 40 timem ozmu empirem			930	212-	- 545- 7536					
\vdash	Finalir	sturn Specific City or town state or country and ZIP code				F Chack	If application pending					
	Ameno	ded return tions NEW YORK NY 10001				. 0	. P ii application partains					
_	,				Note H and	are not a	applicable to section 527 orgs					
G	Organ	nization type (check only one) ▶ 501(c) (3) ◄ (insert no) 527 or [4947	'(a)(1)	H(a) is this a	group ref	turn for affiliates? 🔲 Yes 🕱 No					
_		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts in					mber of affiliates ▶					
		pleted Schedule A (Form 990 or 900-EZ)			H(c) Are all a							
.1	(If No, attach a list See inst)											
<u>-</u>	n(u) is used separate recommendation											
K		chere ►if the organization's gross receipts are normally not more than \$2 ization need not file a return with the IRS but if the organization received a			_							
		ge in the mail it should file a return without financial data. Some states require a					cemption no. (GEN) ▶ organization is not required					
	returr		. ООП.				•					
<u> </u>			d D				·					
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fi	una b	alan	ces (See Sp	ecinc in	T Target 16)					
	1	Contributions gifts, grants, and similar amounts received				_	1					
		Direct public support	1a		636,62	2	1					
		Indirect public support	1b									
	c	Government contributions (grants)	1c		259,71	.7						
	d	Total (add lines 1a through 1c) (cash \$ nonc	ash \$ _) <u>1d</u>						
	2	Program service revenue including government fees and contra	3) 2	1,362,657								
	3	Membership dues and assessments				3	56,108					
	4	Interest on savings and temporary cash investments				4	1,770					
	5	Dividends and interest from securities				5						
	6a	Gross rents	6a									
	b	Less rental expenses	1									
		Net rental income or (loss) (subtract line 6b from line 6a)	6c									
e	1 -	Other investment income (describe >) 7						
Revenue	82	Gross amount from sales of assets (A) Securities	T 1		(B) Other	' 						
ě	1	other than inventory	8a		(2) 6	-	}					
ã	l b	Less cost or other basis and sales expenses	8b				ļ.					
		Gain or (loss) (attach schedule)	8c									
		Net gain or (loss) (combine line 8c, columns (A) and (B))	1,001			8d	}					
	9	Special events and activities (attach schedule)				00	 					
	1 -	Gross revenue (not including \$ of										
	•	contributions reported on line 1a)	9a				1					
	h	Less direct expenses other than fundraising expenses	9b		_		1					
	L	Net income or (loss) from special events (subtract line 9b from			·	9c	}					
	1	Gross sales of inventory, less returns and allowances	10a	-/		130	 					
					<u> </u>							
		Less cost of goods sold	10b		o 10a)	100						
	1,,6	Gross profit or (loss) from sales of mentor (plach schedule) (subtract lin Other revenue (from Part VII, line (03)	וו פטו פ	OTH III	e iva)	10c	 					
							2 216 074					
_	12	Total revenue (and lines 1d, 2, 3, 4, 5, 6c, 63d, 9c, 10c, and	11)			12	2,316,874 1,788,596					
س ا	13	Program services from the 44, Cold 02 B				13						
Expenses	14	Management and general (from line 44, column (C)) Fundraising (from line 44, p)(如)(口))	14	520,100								
- 5	15	 										
Ж		Payments to affiliates (attach schedule)				16						
_	17	Total expenses (add lines 16 and 44, column (A))				17	2,308,696					
Ş	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	8,178					
Assets	19	Not assets or fund balances at beginning of year (from line 73,		n (A)))	19	7,500					
Zig Zig	20	Other changes in net assets or fund balances (attach explanation				20	 					
	-	Net assets or fund balances at end of year (combine lines 18, 1	9, and	1 20)		21	15,678					
Fo	Paper	work Reduction Act Notice, see page 1 of the separate instructions					Form 990 (2000)					

Par	t II	Statement of Functional Expenses	All organizations must 4947(a)(1) nonexempt	comple chantal	te column (A). Columns (B) ble trusts but optional for o	(C) and (D) are required thers. (See Specific Instruc	for section 501(c)(3) and (4 zions on page 20)) organizations and section		
	- 1	Do not include amounts reported 6b, 8b, 9b, 10b, or 16 of Pai	on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22		nts and allocations (attach sche								
		n \$ noncash \$		22_	·					
23		cific assistance to individuals (a								
24		efits paid to or for members (att		24	66,300	13,260	53,040			
25 26		npensation of officers, directors, er salaries and wages	etc	25 26	237,403	47,481	189,922			
27		sion plan contributions		27	237,403	*/, *O*	169,322			
28		er employee benefits		28	59,759	11,952	47,807			
29		roll taxes		29	26,277		21,022			
30		fessional fundraising fees		30		0,100				
31		ounting fees		31						
32		al fees		32						
33	_	plies		33	9,782	1,956	7,826			
34		phone		34	17,096		13,677			
35	Pos	tage and shipping		35	63,234	12,647	50,587			
36	Occ	upancy		36	289,644		48,718			
37	Equ	ipment rental and maintenance		37	83,817		8,765			
38		iting and publications		38	59,753					
39	Trav			39	260,653	256,252	4,401			
40		ferences, conventions, and mee	tings	40		_				
41	Inte			41_	2.006		3 006			
42	_	reciation, depletion, etc (attach		42	3,006		3,006	<u> </u>		
43		er expenses (itemize) a CHEDULE		43a 43b	1 121 072	1,060,643	71,329			
b				430 43c	1,131,312	1,000,043	11,529			
c d				43d	· -					
6	_	· 		43e						
44	Total	functional expenses (add lines 22 through 43	Occanizations	100			-			
••		eleting columns (B) - (D), carry these totals to	_	44	2,308,696	1,788,596	520,100			
educ	ortin ation	g of Joint Costs. Did you report all campaign and fundraising so ter (I) the aggregate amount of these justices.	t in column (8) licitation? oint costs \$, (ii) the amo	•	ram services \$	Yes ⊠ No		
		ount allocated to Management and ger		 } = b =						
		Statement of Program Ser	 	usnn	rents (See Specia	ne instructions on	page 23 /	Program Service		
All org	ganiza ations	he organization's primary exemp ations must describe their exempt pur s issued, etc. Discuss achievements tha rusts must also enter the amount of gi	oose achievements it are not measurab	ie. (Se	ction 501(c)(3) and (4)			Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but opportal for others)		
а	Ca	NCERTS OF CONTE	MERRALL	L_&	TRADITU	WAL MUS	الك	>		
-	No A	NCERTS OF CONTE N-WESTERN A LISTS & TRADU	هر روج برور مرروج برور	<u> </u>	MUSIC. L LYTEM-RO	- Dance _ S - ary - F	BY VICTOR	-		
			(Gr	ants a	and allocations \$	•)			
X & DANCE From ATRICA, ASIA, EUROPE & LATIN AMERICA; INCLUDES SALES OF RECORDS, CASSETTES & CAMPACT. PISCS OF THIS MUSIC OF CONCENTS IN WOLL OFFICES; (Grants and allocations \$										
Χ-	B	y-MAIL-DROFF								
_	. - -									
d -			(Gr	ants a	and allocations \$		1_			
			<i></i>							
_	- -		(Gr	ants a	and allocations \$)			
e ()ther	program services (attach schei	dule) (Gra	ants a	and allocations \$)			
_		of Program Service Expenses		line 4	4, column (B), Pro	ogram services)	>			

Part IV Balance Sheets (See Specific Instructions on page 23) Note Where required, attached schedules and amounts within the description (A) (B) column should be for end-of-year amounts only Beginning of year End of year 47,298 129,000 45 45 Cash — non-interest-bearing 46 Savings and temporary cash investments 46 381 47a Accounts receivable 47a 3,348 381 b Less allowance for doubtful accounts 47b 47c 48a Pledges receivable 48a b Less allowance for doubtful accounts 48b 48c 10,000 10,000 49 Grants receivable Receivables from officers, directors, trustees, and key employees 50 (attach schedule) 51a Other notes and loans receivable (attach 51a schedule) 51b b Less allowance for doubtful accounts 51c 47,920 51,339 Inventories for sale or use 52 52 16,367 68,006 53 53 Prepaid expenses and deferred charges 54 Investments - securities (attach schedule) Cost FMV 54 55a Investments - land, buildings, and equipment basis 55a b Less accumulated depreciation (attach schedule) 55b 55c 56 Investments — other (attach schedule) 56,186 57a 57a Land, buildings, and equipment basis b Less accumulated depreciation (attach 50,670 8,522 5,516 57c schedule) 57b Other assets (describe ▶ RENT DEPOSIT 3,592 3,592 58 58 137,047 59 267,834 Total assets (add lines 45 through 58) (must equal line 74) 61,547 93.896 60 60 Accounts payable and accrued expenses 61 61 Grants payable 158,260 68,000 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees (attach 63 schedule) 64a Tax-exempt bond liabilities (attach schedule) 64a 64b b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe 129,547 252,156 Total liabilities (add lines 60 through 65) 66 Organizations that follow SFAS 117, check here > and complete lines 67 through 69 and lines 73 and 74 Assets or Fund Balances 7,500 15,678 Unrestricted 67 68 68 Temporarily restricted 69 Permanently restricted Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74 70 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 OR lines Net / 70 through 72, column (A) must equal line 19 and column (B) must 7,500 73 15,678 equal line 21) 137,047 267,834 74 Total liabilities and net assets/fund balances (add lines 66 and 73)

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.

FQrm 990 (2000)								Page 4
Part IV-A Reconciliation of Revenue properties Financial Statements with Financial Statements wi	Revenue	per	Par	t IV-B		on of Expense itements with		
a Total revenue, gains, and other support	ons, pag	0 23)	а	Total ex	penses and loss	es per audited		
per audited financial statements	<u>a</u>		1		il statements	>	а	
 b Amounts included on line a but not on line 12, Form 990 				-	ts included on lin Form 990	e a but not on		
(1) Net unrealized gains					d services			
on investments \$					of facilities \$			
(2) Donated services and use of facilities \$				•	r adjustments on kne 20,			
(3) Recoveries of prior				Form 990		 		
year grants \$					reported on			
(4) Other (specify)					Form 990 \$	·		
	1		(4)	Other (s	specify)			
Add amounts on times (4) through (4)			Ì		\$			
Add amounts on lines (1) through (4)	<u> </u>			Add am	ounts on lines (1) through (4) ▶	ь	
c Line a minus line b	<u>c </u>		С	Line a n	ninus line b	•	С	
d Amounts included on line 12, Form 990 but not on line a					s included on lin			-
(1) Investment expenses			1		90 but not on line nt expenses	a		
not included on line				not includ	led on line			
6b, Form 990 \$				6b, Form	_	·- <u></u>		
(2) Other (specify)	- 1		(2)	Other (s	specity)		1	
<u> </u>								
Add amounts on lines (1) and (2)	d			Add am	ounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990			е	Total ex	penses per line			
(line c plus line d)	θ				lus line d)		8	
Part V List of Officers, Directors, Tru Instructions on page 25)	stees, ar	nd Key E	mple	oyees ((List each one e	ven if not compi	ensa	ted, see Specific
(A) Name and address	(1	B) Title and a			(C) Compensation (If not paid,	(D) Contributions to employee benefit plans		(E) Expense account and other
		week devol			enter -0-)	deferred compensation		allowances
KOBERT BROWNING		gansti	ر ٥	RELT	pr 66,30	9 1,989		NONE
SEE SCHEOULE							\dashv	
ATTACHED								
							1	
						- 		
		 -				-	-	
								
					-		1	
75 Did any officer, director, trustee, or key employee rec	eve aggreg	ate compens	sation o	of more th	an \$100,000 from vo	our organization and	all	
related organizations of which more than \$10,000 w If "Yes," attach schedule — see Specific Ir	ras provided	by the relate	ed orga			•		Yes X No

Part	VII Analysis of Income-Producing Ac	tivities (See Spe	cific Instructio	ns on page 30)	
Ente	r gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sect	ion 512 513 or 514	(E)
indic	ated	(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue	Business code	Amount	Exclusion code	Amount	INCOMe
а	TICKET SALES					939,202
b	CONCERT FEES					307,838
С	RECORDS AND BOOKS					76,617
þ	DONATED SERVICES					39,000
8						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencie	es				
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
а	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					<u> </u>
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events		<u></u>			
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
С						
ď						
e						
104	Subtotal (add columns (B), (D), and (E))					1,362,657
105	Total (add line 104, columns (B), (D), and (E))	- 		<u> </u>	1,362,657
Vote	Line 105 plus line 1d, Part I, should equal the		Part í			
Part	VIII Relationship of Activities to the Acco	mplishment of Ex	empt Purpose	s (See Specific I	Instructions or	n page 31)
Line l				importantly to the a	accomplishment (of the
32 b	CON EACH ACTIVITY CO.	NTRIBUTED	Impor	TANTLU T	D THE	EXEMPT
	PURPOSES BY PROV	101NG A	PROFESS,	IONAL SI	40WCAS	E 702
	ESTABLISHED & NO.	N-ESTAB	USHED	MUSICIA	NS CO,	nposers
	& OTHER PERFOR	MING Ar	-T1515 1	N WORKSHO	PS & EDY	CATING FACIL
Part	IX Information Regarding Taxable Subsid					
	(A) Name address and EIN of corporation	(B) Percentage of	(C) Nature of a		(D) Total income	(E) End-of-year
	partnership or disregarded entity	ownership interest				assets
		%				
		%				
		%			·	
		%_				
Part :						ons on page 31)
(a)	Did the organization, during the year, receive benefit contract?	any funds, directly	or indirectly, to	pay premiums o	n a personal	☐ Yes ☐ No
	Did the organization, during the year, pay pre-	miums, directly or is	ndirectly on a r	personal henefit	contract?	Yes No
(h)		mamo, un Gully Ut 1/	THE COURT. UIT OF L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	contract/	: (63 / / 170
(b)	6 "Von" to (b) Ma En- 9070 and Engage 4720	(eee instructions)	7,			

19 than officer) is based on all information of which preparer has any knowledge (Important)

EXECUTIVE

5/13/02 Robert H. Browning & Artiflic.

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions)

2000

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization

Employer identification number 13-3323046

WORLD MUSIC INST	THTE , INC.	·	13-332	3045
Part I Compensation of the Five Higher	st Paid Employees Otl	her Than Office	rs, Directors, and	Trustees
(See page 1 of the instructions List	each one If there are	none, enter "Non		
(a) Name and address of each employee paid more	(b) Title and average hours	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expense account and other
than \$50 000	per week devoted to position		deferred compensation	allowances
İ				
				
		ı.		
				
	NONE			
	10000			
			}	
		-		
			ļ	
		: . 		
Total number of other employees paid over		_		
\$50,000	 	<u> </u>		
Part II Compensation of the Five Higher				
(See page 1 of the instructions List	each one (whether ind	ividuals or tirms)	if there are none	, enter (vone)
(a) Name and address of each independent contractor pa	id more than \$50,000	(b) Type	of service	(c) Compensation
				
	1) E			
<i>No</i>	NE			
W 0	NE			
N 0	NE			
<i>No</i>	NE			
NO	NE			
<i>No</i>	NE			
<i>No</i>	NE			
Total number of others receiving over \$50,000 for	NE			

_		A (Form 990 or 990-EZ) 2000			Page				
Pa	rt III	Statements About Activities		Yes	No				
1		ing the year, has the organization attempted to influence national state, or local legislation including any attempt to influence flic opinion on a legislative matter or referendum?	1		X				
	Org	res " enter the total expenses paid or incurred in connection with the lobbying activities ► \$							
2	dire	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, octors, officers, creators, key employees or members of their families, or with any taxable organization with which any such son is affiliated as an officer, director, trustee, majority owner or principal beneficiary							
а	Sal	e exchange, or leasing of property?	2a		X				
b	Len	ding of money or other extension of credit?	2b		X				
С	Fur	nishing of goods, services or facilities?	2c		Х				
d	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?								
е		nsfer of any part of its income or assets? e answer to any question is "Yes," attach a detailed statement explaining the transactions	2e		×				
3 4a		s the organization make grants for scholarships, fellowships student loans, etc?	3 4a	メ	X				
	Atta	ich a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in herance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)							
Pai	rt IV								
he o	organ	ization 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, page 5)							
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, or and state ▶	aty,						
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A) the Support Schedule in Part IV-A.)	(A)	so co	mplet				
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Sec (Also complete the Support Schedule in Part IV-A.)	tion 170((b)(1)((А)(и				
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 331/5% of its support from contributions, membership fees, and gross re- related to its chantable, etc., functions — subject to certain exceptions, and (2) no more than 331/5% of its support from gross in- unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. So (Also complete the Support Schedule in Part IV-A.)	estment	incon	ne an				
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations of 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))	lescribed	ເກ (1) line				
		Provide the following information about the supported organizations (See page 5 of the instructions)		_					
			e numbei						

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.)

Pa	rt IV-A Support Schedule (Complete only Note You may use the worksheet in	of you checked the instructions f	a box on line 10, for converting fro	, 11, or 12) Use om the accrual to	cash meth	od d	of accounting
Cale	ndar year (or fiscal year beginning In)	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(e) Total
15	Gifts grants and contributions received (Do not include unusual grants. See line 28.)	767303	8 ३ ग ऽ३०	1287220	5569	47	3439000
16	Membership fees received	44741	53365	דגנגצ	451	81	195514
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	1136979	1609739	1731554	9086		488696
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	કે કે	کھھ	558	29	9	1365
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						<u></u>
23	Total of lines 15 through 22	1949246	2490919	2571559	151118	20	8522-84
24	Line 23 minus line 17	812267	881180	1340005	60242	ָר.	363587
25	Enter 1% of line 23	19492	24909	25716	1511	1	8522
26	Organizations described on lines 10 or 11 a Enter	r 2% of amount in o	olumn (e), line 24		•	26a	7271
b	Attach a list (which is not open to public inspection) show than a governmental unit or publicly supported organization shown in line 26a. Enter the sum of all these excess among	on) whose total gifts			amount	26b	1537728
С	Total support for section 509(a)(1) test. Enter line 24 colo	umn (e)			▶	26c	3635879
đ	Add Amounts from column (e) for lines 18 22	1365	19 26b : <u>T 5 37</u> 7	728	▶	26d	1539093
e	Public support (line 26c minus line 26d total)				▶ [26e	2096786
f	Public support percentage (line 26e (numerator) divi					26f	57.7%
27	Organizations described on line 12 a For amount (which is not open to public inspection) to show the name such amounts for each year	ts included in lines e of and total amou					
	(1999) NONE (1998)	JONE	(1997)	NONE	(1996)		NONE
b	For any amount included in line 17 that was received from that was more than the larger of (1) the amount on line 25 as individuals.) After computing the difference between the (the excess amounts) for each year.	for the year or (2) \$5	5,000 (Include in the	e list organizations (tidescribed in (1) or	described in (i	nes 5	through 11, as well
	(1999) (1998)		(1997)		(1996)		
С	Add Amounts from column (e) for lines 15 20		16 21		≯ İ	27c	
đ	Add Line 27a total and	l line 27b total			▶[27d	
6	Public support (line 27c total minus line 27d total)			1 1	▶[27e	
f				▶ 27f		_	
g	Public support percentage (line 27e (numerator) dividing street income percentage (line 18, column (e) (r	•		aminator)\	· · · · · · · · · · · · · · · · · · ·	27g 27h	<u>%</u>
28	Unusual Grants For an organization described in line 10						
	open to public inspection) for each year showing the name grant. Do not include these grants in line 15. (See page 5.)	e of the contributor,	the date and amou-				

Part V Private School Questionnaire (See page 5 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 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 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 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 31 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.) Does the organization maintain the following 32a a Records indicating the racial composition of the student body faculty, and administrative staff? 32b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues brochures announcements and other written communications to the public dealing with student 32c admissions programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No to any of the above please explain (If you need more space lattach a separate statement.) Does the organization discriminate by race in any way with respect to a Students rights or privileges? 33a 33b b Admissions policies? c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? 33d e Educational policies? 33e 33f f Use of facilities? g. Athletic programs? 33g h Other extracurricular activities? 33h If you answered "Yes" to any of the above iplease explain (if you need more space lattach a separate statement) 34a 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? 346 If you answered 'Yes' to either 34a or bil please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev

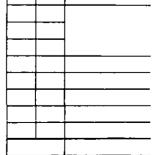
Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation

Page	5
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Sche	edule A (Forn	n 990) or 990 EZ) 2000								Page (
Pa	rt VI-A		obbying Expenditures o be completed ONLY						truction	s)	
Che	ck here ▶	a	If the organization belong					<u>'</u>			
Che	ck here ►	b	if you checked "a" above			ns apply					
					Expenditures		<u> </u>	4	(a Affiliated	group	(b) To be completed for ALL electing
			(The term "expenditu	res" means	amounts paid or i	ncurred) /	<u> </u>	/			organizations
36	Total lobb	yıng	expenditures to influence publi	c opinion (gr	rassroots lobbying	1)	1	36	_		
37	Total lobb	ying	expenditures to influence a leg	islative body	(direct lobbying)			37	_		
38	Total lobb	yıng	expenditures (add lines 36 and	l 37)				38			
39	Other exe	empt	purpose expenditures					39			
40	Total exer	npt p	ourpose expenditures (add lines	38 and 39)				40			
41	Lobbying	nont	axable amount. Enter the amou	int from the i	following table —						
	If the am	oun	t on line 40 is —		bying nontaxabl						ļ
	Not over :	_			he amount on line	· · · -	٦	1 1			ļ
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42			ontaxable amount (enter 25% of	•				42	_	 ,	<u>-</u>
43			12 from line 36. Enter -0- if line					43			
44	Subtract	ine 4	11 from line 38 Enter -0- if line	41 is more t	nan line 38			44		-	
	Caution	If the	ere is an amount on either line	43 or line 44	you must file Fo	rm 4720					1
	(S	ome	e organizations that made See the instru		lines 45 throug	th 50 on page 9 o	of the instr	uctions)		
						Lobbying Expendi	tures Durin	g 4-rea			T
	Calendar fiscal yea	•	ir (or eginning in) ⊳		(a) 2000	(b) 1999	(c) 199		(d 199		(e) Total
45	Lobbying	nont	axable amount								
46	Lobbying	ceilir	ng amount (150% of line 45(e))	:				Ì			
47	Total lobb	yıng	expenditures			Λ		Ω	_		
48	Grassroo	ts no	ntaxable amount					17			
49	Grassroot	ts ce	iling amount (150% of line 48(e	e))			1				<u>.</u> .
50	Grassroot	ts lob	obying expenditures								
Pa	rt VI-B	Lo	obbying Activity by No	nelecting	g Public Cha	rities					
		(F	or reporting only by orga	anizations	that did not	complete Part \	/I-A) (See	page	9 of the	e instru	ctions)
			he organization attempt to influ gislative matter or referendum			gislation including a	iny attempt	o influer	re Ye	s No	Amount
а	Volunteers	S									
b	Paid staff	or m	anagement (Include compensa	ition in exper	nses reported on l	ines c through h)					
С	Media adv	ertis	ements				\ \				
d	Mailings to	o me	mbers legislators or the public	5			11	_			

- e Publications, or published or broadcast statements
- f. Grants to other organizations for lobbying purposes
- g. Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations seminars conventions speeches, lectures or any other means
- Total lobbying expenditures (add lines c through h)

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



Sched	lule A (Form 990 or 990-EZ) 2	000				Page 6
Pai	rt VII			sfers To and Transactions page 9 of the instructions)	s and Relationships With Noncharita	ble	
51				y engage in any of the following with section 527, relating to political orga	any other organization described in section 501(c) anizations?	of the Co	ode
а	Trans	fers from the reporting	ng organization to a no	ncharitable exempt organization of		Yes	s No
	(+)	Cash			51	a(ı)	×
	(n)	Other assets			a	(11)	1×
b		transactions					
	(1)	Sales or exchanges	of assets with a nonci	haritable exempt organization	 	(1)	<u> </u>
	• •		s from a noncharitable	. •		(11)	X
	(in)	Rental of facilities, e	equipment or other as:	sets	<u> </u>	(iii)	X
	(IV)	Reimbursement arra	angements		<u>b(</u>	IV)	X
		Loans or loan guara			b	(v)	X
				r fundraising solicitations	<u>b(</u>	VI)	X
			· •	er assets, or paid employees		<u> </u>	$\perp Z$
d	asset	s, or services given b	y the reporting organia	ete the following schedule. Column (zation. If the organization received le assets, or services received	 b) should always show the fair market value of the ss than fair market value in any transaction or share 	goods of ng arrang	her gement
(a Line		(b) Amount involved	Name of nonc	(c) haritable exempt organization	(d) Description of transfers, transactions, and sharing	arrangem	ents
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	sectio		(other than section 50	with, or related to, one or more tax-ex 01(c)(3)) or in section 527?		'es	⊠ No
		(a)		(b)	(c)		
		Name of organiz	ation	Type of organization	Description of relationship		
	-						

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5007-B IVORY

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5007-B IVORY

ATEMP PO BOY BOO

Name: World Music Institute

EIN: 13-3323045 Period: 6/30/2001

Schedule - A (Form 990) page # 3, line 26b.

Contributors exceeding 2% of Line 24 Total Support for 509(a)(1) test

Amount
Contributed
\$ 916,582
381,882
284,884
100,000
169,386
100,000
94,020
\$ 2,046,754
(509,026)
\$ 1,537,728



SUITE 930 NEW YORK, NY 10001 TEL 212 545 7536

BOARD OF DIRECTORS:

as of June, 2001



<u>Name</u>	Profession	<u>Term</u>
Muhal Richard Abrams	Composer/Musician	Honorary
Cındy Byram	Public Relations	2 years
Robert H Browning	Executive and Artistic Director, World Music Institute	2 years
Thomas W Buckner	President, Mutable Music	2 years
Zette Emmons Secretary	Curator, Special Exhibits The Newark Museum	2 years
Leela Fiorino	Officer, New York City Department of Landmarks & Preservation	2 years
David Gasner	Partner, Alpha Management	2 years
Philip Glass	Composer/Musician	Honorary
Daisy Paradis	Board of Directors, Howard Bayne Fund Musician, Teacher	2 years
Zeyba Rahman <u>Chair</u>	Co-Producer, Jungli-Billi Productions Artistic Director, Int'l Festival of Sacred Music, Fes, Morocco	2 years
Ravı Shankar	Composer/Musician	Honorary

World . Jusic Onstabute, Sm PREPARED BY WORK PAPER NO e 30,7001 990 Form 13-3323045 PURROSE DATE AMOUNT 1/2/96 - Ship Paveers ARESENTING 84900 CONCERT PRESENTING 1014176 3/4/7 1/3097 Commissions 7000 CONCERT PRESENTING 15000 11197 CONCERT PRESENTING :7/11/96 10000 CONERT PRESENTING 12197 16000 GENERAL OPERATING 7/1/94 Sidado 2000 3/3 +3/11/77 CONCERT PRESENTING 2|\$197. Commissions 1/2000 7/1194 GENERAL OPERATING 4000 22770 44-613097 RADIO SERIES CONCERT PRESENTING 7/13/96-5/1997 GENERAL OPERATING 1173 + 12 11-10020 ; ; -4-|-4-

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WORLD MUSIC INSTITUTE, INC. JUNE 30,2001

PREPARED BY DATE

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13-3323045 TOTAL PURPOSE AMOUNT DATE & CONTRIBUTIONS OUER \$5000 2000 (+RANTS 170000 - 10/00-5/01 CONCERT /2ESEMTINGS GENERAL OPERATIONS 8/008 201 CONCERT PRESENTING 150000 -GENERAL OPERATIONS CONCERT PRESENTING + フリフリフー 10/00 0 3/01 GENERAL DECEMBERATIONS 70000 - 7/00- 601 CONCERT PRESENTING 10/00 45/01 CONCERT PRESENTING 4570000 56500 -CONCERT PLESENTING 12100 9/00 30000 -CONCERT RESENTING 24500-12004 Commissiphis 48000 CONCERT PRESENTING CONCERT PRESENTING 360000-3/01/ CONCERT PRESENTING 35000-CONLEGT PRESENTING 25000 -20000-7/00 CONCERT PRESENTING 17500 -3/01 CONCERT HESENTING CONCERT MRESENTING 1012301 8000 -5/01 CONCERT PRESENTING 5000-CONCERT PRESENTING Ne 5000 -3/6/ 35 36 38 39 40

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Form 8868

(December 2000)

Department of the Treasury Internal Revenue Service

Appliction for Extension of Time To lile an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Signature ► Title ► CM3	ate Noj /2,0
Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of necessary correct, and complete, and that I am authorized to prepare this form	ny knowledge and belief it is true
Signature and Verification	_
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	c
c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, depos	ıt — ———
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payment made. Include any prior year overpayment allowed as a credit.	ls S
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<u>\$</u>
2 If this tax year is for less than 12 months, check reason	hange in accounting period
▶ ★ tax year beginning JULY 1 , 20 00 , and ending JUNE 3	, 20 01
▶ ☐ calendar year 20 or	
1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 1 to file the exempt organization return for the organization named above. The extension is for the organization named above.	, 20 32
for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list EINs of all members the extension will cover	with the names and
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 	► ☐ If this is
	n 8870
	n 6069
	n 5227
Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form	n 4720
NEW YORK NY 10001	
return See City, town or post office state, and ZIP code For a foreign address, see instructions	
due date for filing your 49 WEST 27TH STREET	
print WORLD MUSIC INSTITUTE, INC. 13- File by the Number street, and room or suite no. If a PO box, see instructions	3323043
Type of	oyer identification number -3323045
Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file	le income tax returns
Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complet	e Part I only ▶ □
Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)	
Note Do not complete Part II unless you have already been granted an automatic 3-month extension	on a previously filed
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2) 	► X 2 of this form)
	■ IXI

Note Only o	ling for an Additional (not automatic) 3-Month Extension, complete onli	extension on a previously filed Form 8868
	ling for an Automatic 3-Month Extension, complete only Part I (on page Additional (not automatic) 3-Month Extension of Time — Must F	
<u> </u>	Name of Exempt Organization	Employer identification number
Type or print	WORLD MUSIC INSTITUTE, INC.	13-3323045
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
due date for	49 WEST 27TH STREET	
filing the return See	City town or post office state and ZIP code For a foreign address, see instructions	
Chock type	NEW YORK NY 10001 of return to be filed (File a separate application for each return)	
▼ Form 990	Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form	rm 1041-A
STOP Do no	t complete Part II if you were not already granted an automatic 3-month	extension on a previously filed Form 8868
• If this is for for the whole	ization does not have an office or place of business in the United States, cha Group Return, enter the organization's four digit Group Exemption Numbers of the box ► If it is for part of the group, check this box ► members the extension is for	per (GEN) If this is
4 I reques	t an additional 3-month extension of time until May 15,	, 20 <u>02</u>
6 If this ta	x year is for less than 12 months, check reason Initial return F detail why you need the extension ADDITIONAL INFORMATION	and ending JUNE 30 , 20 01 inal return Change in accounting period NEEDED TO COMPLETE
nonreful b If this ap tax payr previous c Balance	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tental indable credits. See instructions oplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable crements made include any prior year overpayment allowed as a credit and analy with Form 8868. The Due Subtract line 8b from line 8a include your payment with this form, of coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Stons.)	edits and estimated by amount paid str., if required, deposit
Under penalties of	Signature and Verification of perjury I declare that I have examined this form, including accompanying schedules and statem polete and that I am authorized to prepare this form	ents and to the best of my knowledge and belief it is true
Signature >	Title CRA	Date ► 2/7/02
We have organizate made on We have not grante We cann	Notice to Applicant — To Be Completed by approved this application. Please attach this form to the organization's return not approved this application. However, we have granted a 10-day grace period from this one seturn (including any prior extensions). This grace period is considered to be a valid of a timely return. Please attach this form to the organization's return not approved this application. After considering the reasons stated in item 7, we cannot gring a 10-day grace period of consider this application because it was filed after the due date of the return for which	e later of the date shown below or the due date of the extension of time for elections otherwise required to be anti-gour request for an extension of time to file. We are
	By	
Director		Date
	iling Address — Enter the address if you want the copy of this application address different than the one entered above	for an additional 3-month extension
Type or print	Name LEONARD B FAY CPA Number and street (include suite, room, or apt no) Or a PO box number 370 LEXINGTON AVE	FED 2 6 2001
F	City or town, province or state, and country (including postal or ZIP code) NEW YORK NY 10017	U A COMPANY