

Form 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1150

2000

Open to Public Inspection

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

A For the 2000 calendar year, or tax year beginning 9/01, 2000, and ending 8/31, 2001

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions.

C CALIFORNIA MUSIC CENTER 461 HACIENDA WAY LOS ALTOS, CA 94022-2115

D Employer identification number 51-0138643 E Telephone no (650) 941-7218 F Check if application pending

G Accounting method: Cash [checked], Accrual, Other. H Enter 4-digit group exemption no (GEN)

I Organization type (check only one): 501(c)(3) [checked], 527, 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 73,853

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

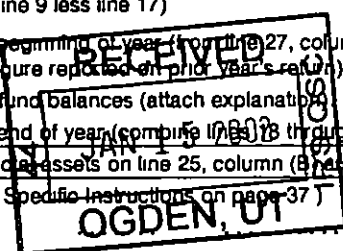
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34)

Table with 21 rows for revenue and expenses. Includes columns for description, sub-rows (a, b, c), and amounts. Total revenue is 72,265 and total expenses is 78,010.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for balance sheet items. Columns for (A) Beginning of year and (B) End of year. Total assets are 77,396 and total liabilities are 0.

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| Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) | |
|---|--|---|--------|
| What is the organization's primary exempt purpose? <u>See Statement 7</u> | | | |
| 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 | | | |
| 28 | <u>See Statement 8</u> | (Grants \$ 10,200) | 21,088 |
| 29 | | (Grants \$) | |
| 30 | | (Grants \$) | |
| 31 | Other program services (attach schedule) | (Grants \$) | |
| 32 | Total program service expenses (add lines 28a through 31a) | | 21,088 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| <u>See Statement 9</u> | | 14,000 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |

| Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14) Statement 10 | | Yes | No |
|---|---|-----|------|
| 33 | Did organization engage in any activity not previously reported to 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, 6, and 7 (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? | | N/A |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | 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," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | N/A |
| 39 | 501(c)(7) organizations - Enter a Initiation fees and capital contributions included on line 9 | 39a | N/A |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a | 501(c)(3) organizations - Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> | | |
| 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," attach an explanation | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 |
| d | Enter Amount of tax on line 40c, above, reimbursed by the organization | | 0 |
| 41 | List the states with which a copy of this return is filed | | None |
| 42 | The books are in care of <u>JOCELYN P. HUGHES</u> Telephone no <u>(650) 941-7218</u> | | |
| | Located at <u>461 HACIENDA WAY, LOS ALTOS, CA</u> ZIP + 4 <u>94022-2115</u> | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> N/A | | |

Including accompanying schedules and statements, and to the best of my knowledge and belief, (preparer) is based on all information of which preparer has any knowledge
 JOCELYN P HUGHES
 TREASURER
 1-7-02
 Date Type or print name and title

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CALIFORNIA MUSIC CENTER

Employer identification number

51-0138643

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | 0 | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | 0 |

Part III Statements About Activities

| | Yes | No |
|--|-----------|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | 1 | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions | 2e | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | 3 | X |
| 4a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions) | 4a | X |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, 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, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vii) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 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))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

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

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

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

| Calendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 60,847 | 46,070 | 31,078 | 45,441 | 183,436 |
| 16 Membership fees received | | | | | |
| 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 | 4,636 | 3,856 | 3,860 | 1,998 | 14,350 |
| 18 Gross income from interest, dividends, amounts received from payments on securities (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 | 4,123 | 2,930 | 2,529 | 1,985 | 11,567 |
| 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 sch. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 69,606 | 52,856 | 37,467 | 49,424 | 209,353 |
| 24 Line 23 minus line 17 | 64,970 | 49,000 | 33,607 | 47,426 | 195,003 |
| 25 Enter 1% of line 23 | 696 | 529 | 375 | 494 | |

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24 N/A

| | |
|---|-------|
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts | 26a |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) | 26c |
| d Add Amounts from column (e) for lines 18 _____ 19 _____ | 26d |
| 22 _____ 26b _____ | 26e |
| e Public support (line 26c minus line 26d total) | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | 26f % |

27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

c Add Amounts from column (e) for lines 15 183,436 16 _____

17 14,350 20 _____ 21 _____

d Add Line 27a total 0 and line 27b total 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 27f 209,353

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 94.47%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). 27h 5.53%

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)

N/A

| | | Yes | No |
|-----|--|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) | | |
| 32 | Does the organization maintain the following | | |
| 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? | | |
| 32c | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| 32d | d Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| 33a | a Students' rights or privileges? | | |
| 33b | b Admissions policies? | | |
| 33c | c Employment of faculty or administrative staff? | | |
| 33d | d Scholarships or other financial assistance? | | |
| 33e | e Educational policies? | | |
| 33f | f Use of facilities? | | |
| 33g | g Athletic programs? | | |
| 33h | h Other extracurricular activities? | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| 34b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- 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
- i Total lobbying expenditures (add lines c through h).

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Name of organization

CALIFORNIA MUSIC CENTER

Employer identification number

51-0138643

Organization type (check one) - Section 501(c)(3) ◀ (enter number), 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization

CALIFORNIA MUSIC CENTER

Employer identification number

51-0138643

Part 1 Contributors

| (a) No | (b) Name, address and zip code | (c) Aggregate contributions | (d) Type of contribution |
|-----------|-----------------------------------|--------------------------------|--|
| 1 | | \$ 8,000 | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| 2 | | \$ 5,000 | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| 3 | | \$ 5,000 | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| 4 | | \$ 5,000 | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| 5 | | \$ 22,000 | Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |
| | | \$ | Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution) |

Name of organization

Employer identification number

CALIFORNIA MUSIC CENTER

51-0138643

Part II Noncash Property

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |
| — | _____ _____ _____ | \$ _____ | _____ |

Name of organization

Employer identification number

CALIFORNIA MUSIC CENTER

51-0138643

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions)

▶ \$

| (a) No from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|-------------------------|--|--|
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| — | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and zip code | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

Statement 1
Form 990-EZ, Part I, Line 6
Net Income (Loss) from Special Events

Special Events:
A) COMPETITION GALA RECEPTION
B)
C)
Other:

| Special Events | A | B | C | Other | Total |
|-----------------------|-----------|---|---|-------|--------|
| Gross Receipts | \$ 685 | | | 0 | 685 |
| Less: Contributions | 460 | | | 0 | 460 |
| Gross Revenue | 225 | | | 0 | 225 |
| Less: Direct Expenses | 1,588 | | | 0 | 1,588 |
| Net Income (Loss) | \$ -1,363 | | | 0 | -1,363 |

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

| | |
|---------------------------|-------|
| REFUND OF IRS FINES | \$ 98 |
| Total | \$ 98 |

Statement 3
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations:

| | | |
|--------------------|-------------------|----------|
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | ANGELA FULLER | |
| Amount Given: | | \$ 1,250 |
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | JING LI | |
| Amount Given: | | 200 |
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | ADAM BARNETT-HART | |
| Amount Given: | | 250 |
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | EUNICE KEEM | |
| Amount Given: | | 1,000 |

Statement 3 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations:

| | | |
|---------------------------------------|--------------|------------------|
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | HOWARD ZHANG | |
| Amount Given: | | 5,000 |
| | | |
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | TENG LI | |
| Amount Given: | | 2,000 |
| | | |
| Class of Activity: | MUSIC AWARD | |
| Donee's Name: | YVONNE LAM | |
| Amount Given: | | 500 |
| | | |
| Total Cash Grants and Allocations | | \$ 10,200 |
| Total Grants and Allocations | | \$ 10,200 |
| Total Grants and Similar Amounts Paid | | <u>\$ 10,200</u> |

Statement 4
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|--------------------------------|-------|------------------|
| ADVERTISING | \$ | 12,716 |
| BANK FEES | | 162 |
| COMPETITION EXPENSES | | 21,088 |
| Depreciation | | 182 |
| DUES & SUBSCRIPTIONS | | 125 |
| INSURANCE | | 1,655 |
| MEALS | | 242 |
| MISCELLANEOUS | | 30 |
| PROFESSIONAL DEVELOPMENT | | 930 |
| Supplies | | 1,290 |
| Telephone | | 1,257 |
| Travel | | 53 |
| UTILITIES | | 596 |
| WORKERS COMP INS | | 289 |
| | Total | <u>\$ 40,615</u> |

Statement 5
Form 990-EZ, Part I, Line 20
Other Changes in Net Assets or Fund Balances

| | | |
|---|-------|----------------|
| UNREALIZED LOSS FROM MUTUAL FUNDS | \$ | -528 |
| | Total | <u>\$ -528</u> |

1/03/02

09 22AM

Statement 6
Form 990-EZ, Part II, Line 24
Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|--------------------------------|------------------|-----------------|
| Machinery & equipment | \$ 0 | \$ 1,382 |
| PAYROLL TAXES RECEIVABLE | 1,046 | 0 |
| Total | <u>\$ 1,046</u> | <u>\$ 1,382</u> |

Statement 7
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

FACILITATE/ENCOURAGE/PROMOTE MUSIC EDUCATION

Statement 8
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

| <u>Description</u> | <u>Grants and Allocations</u> | <u>Program Service Expenses</u> |
|---|-------------------------------|---------------------------------|
| IRVING M. KLEIN STRING COMPETITION LEADING TO SEVEN SCHOLARSHIP AWARDS TOTALING \$10,200. PROMOTES MUSIC & ALL MUSICIANS. | \$ 10,200 | 21,088 |
| | <u>\$ 10,200</u> | <u>21,088</u> |

Statement 9
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Address</u> | <u>Title & avg. Hrs/wk devoted</u> | <u>Comp.</u> | <u>Employee Ben. Contrib.</u> | <u>Expense Pln Account/Other</u> |
|--|--|--------------|-------------------------------|----------------------------------|
| JUDITH ANDERSON 280 BELLA VISTA DRIVE HILLSBOROUGH, CA 94010 | Vice President None | \$ 0 | 0 | 0 |
| LAVILLA & TOM BARRY 240 PALM BEACH DR EL GRANADA, CA 94018 | Director None | 0 | 0 | 0 |
| RUTH BLOOMFIELD 600 SHARON PARK DR. A-301 MENLO PARK, CA 94025 | Director None | 0 | 0 | 0 |

Client 180

CALIFORNIA MUSIC CENTER

51-0138643

1/03/02

09 22AM

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title & avg. Hrs/wk devoted | Comp. | Employee Ben. Pln Contrib. | Expense Account/ Other |
|--|--------------------------------|--------|----------------------------------|------------------------------|
| KATHERINE BUKSTEIN 790 CLYDESDALE DR. HILLSBOROUGH, CA 94010 | Director None | \$ 0 | 0 | 0 |
| LAWRENCE CHUNG 3260 HARRISON ST SAN FRANCISCO, CA 94110 | GENERAL MANAGER None | 14,000 | 0 | 0 |
| JOYCE FEATHERSTONE 15 CORLETT WAY HILLSBOROUGH, CA 94010 | Director None | 0 | 0 | 0 |
| DR. AMNON GOLDWORTH 4008 LAGUNA WAY PALO ALTO, CA 94306 | Director None | 0 | 0 | 0 |
| SUSAN HALL 415 INVERNESS DR PACIFICA, CA 94044 | Director None | 0 | 0 | 0 |
| DR. ANNE HERSHEY 25 HEATHER PLACE HILLSBOROUGH, CA 94010 | Director None | 0 | 0 | 0 |
| HAROLD HUGHES 461 HACIENDA WAY LOS ALTOS, CA 94022 | Director None | 0 | 0 | 0 |
| JOCELYN HUGHES 461 HACIENDA WAY LOS ALTOS, CA 94022 | Treasurer None | 0 | 0 | 0 |
| ELAINE KLEIN 2127 DARNIS CIRCLE MORGAN HILL, CA 95037 | Secretary None | 0 | 0 | 0 |
| MITCHELL SARDOU KLEIN 4472 REINHARDT DR OAKLAND, CA 94619 | President None | 0 | 0 | 0 |
| MRS. CHARLOTTE KURSH 150 LOMBARD ST #902 SAN FRANCISCO, CA 94111 | Director None | 0 | 0 | 0 |

Statement 9 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title & avg. Hrs/wk devoted | Comp. | Employee Ben. Contrib. | Expense Pln Account/ Other |
|--|--------------------------------|-----------------|---------------------------|----------------------------------|
| DR. HARRY LEFAKIS 737 PERSHING AVENUE SAN JOSE, CA 95126 | Director None | \$ 0 | 0 | 0 |
| BILL PALMER 169 SAUSAL DRIVE PORTOLA VALLEY, CA 94028 | Director None | 0 | 0 | 0 |
| | | Total \$ 14,000 | 0 | 0 |

Statement 10
Form 990-EZ, Part V
Information Regarding Transfers Associated with Personal Benefit Contracts

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

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- 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 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

| | | |
|---|--|---|
| Type or print File by the due date for filing your return See instructions | Name of Exempt Organization CALIFORNIA MUSIC CENTER | Employer Identification Number 51-0138643 |
| | Number, Street, and Room or Suite Number. If a P.O. Box, see instructions 461 HACIENDA WAY | |
| | City, Town, or Post Office. For a foreign address, see instructions LOS ALTOS, CA 94022-2115 | |
| | State | ZIP Code |

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 4/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 20 ____ or

▶ tax year beginning 9/01, 20 00, and ending 8/31, 20 01

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

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. \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ *Man G. Robertap* Title ▶ CPA Date ▶ 12/11/01

KFA For Paperwork Reduction Act Notice, see instructions. Form 8868 (12-2000)