Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047
2001
Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning JUL 1, 2001 and ending JUN 30, 2002

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization: FLORIDA FEDERATION OF MUSIC CLUBS, INC.
Number and street (or P O box if mail is not delivered to street address): P.O. BOX 357275 | Room/suite:
City or town, state or country, and ZIP + 4: GAINESVILLE, FL 32635-7275

D Employer identification number 23-7205938
E Telephone number 352-373-5049
F Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit GEN ▶

G Web site ▶FFMC-MUSIC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ 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**

M Check ▶ ☒ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 98,008.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	8,194.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ 8,194. noncash $)			1d	8,194.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	76,456.
	3	Membership dues and assessments			3	17,699.
	4	Interest on savings and temporary cash investments			4	6,639.
	5	Dividends and interest from securities			5	724.
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶ UNREALIZED LOSS ON SECURITIES)			7	<11,704.>
	8 a	Gross amount from sale of assets other than inventory	(A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	98,008.
Expenses	13	Program services (from line 44, column (B))			13	70,563.
	14	Management and general (from line 44, column (C))			14	7,300.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	77,863.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	20,145.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	299,519.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	319,664.

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01-04-02 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** 1

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ 9,305. noncash $	22	9,305.	9,305.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	950.		950.	
32 Legal fees	32	64.		64.	
33 Supplies	33	500.		500.	
34 Telephone	34	20.		20.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,645.		1,645.	
39 Travel	39	1,077.		1,077.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 1	43e	64,302.	61,258.	3,044.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13 15	44	77,863.	70,563.	7,300.	0.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ , (ii) the amount allocated to Program services $ ______ ,

(iii) the amount allocated to Management and general $ ______ , and (iv) the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a STEPHEN FOSTER MEMORIAL FUND-AUDITIONS, AWARDS, ANNUAL JEANIE SCHOLARSHIPS (Grants and allocations $ 4,500.)	8,004.
b JUNIOR FESTIVAL AND CONVENTION. OVER 1,600 YOUNG PEOPLE BENEFITED AS A CONTEST EVOLVED STATEWIDE (Grants and allocations $ 4,805.)	26,794.
c NFMC FEES, PROJECTS, DUES (Grants and allocations $)	12,629.
d GOLD CUP PROGRAM- REWARD SYSTEM USED TO MOTIVATE STUDENTS (Grants and allocations $)	15,300.
e Other program services (attach schedule) STATEMENT 4 (Grants and allocations $)	7,836.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	70,563.

Part IV Balance Sheets

		Note *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			2,743.	45	2,734.
	46	Savings and temporary cash investments			246,925.	46	316,930.
	47 a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments - securities ▶ ☐ Cost ☐ FMV				54	
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a				
	b	Less accumulated depreciation	57b			57c	
	58	Other assets (describe ▶)			49,851.	58	
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			299,519.	59	319,664.
Liabilities	60	Accounts payable and accrued expenses				60	
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities** (add lines 60 through 65)			0.	66	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted				67	
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			0.	70	0.
	71	Paid-in or capital surplus, or land, building, and equipment fund			0.	71	0.
	72	Retained earnings, endowment, accumulated income, or other funds			299,519.	72	319,664.
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			299,519.	73	319,664.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			299,519.	74	319,664.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements ▶ a N/A

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains on investments $ ______

(2) Donated services and use of facilities $ ______

(3) Recoveries of prior year grants $ ______

(4) Other (specify) ______ $ ______

Add amounts on lines (1) through (4) ▶ b

c Line a minus line b ▶ c

d Amounts included on line 12, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 $ ______

(2) Other (specify) ______ $ ______

Add amounts on lines (1) and (2) ▶ d

e Total revenue per line 12, Form 990 (line c plus line d) ▶ e

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

a Total expenses and losses per audited financial statements ▶ a N/A

b Amounts included on line a but not on line 17, Form 990

(1) Donated services and use of facilities $ ______

(2) Prior year adjustments reported on line 20, Form 990 $ ______

(3) Losses reported on line 20, Form 990 $ ______

(4) Other (specify) ______ $ ______

Add amounts on lines (1) through (4) ▶ b

c Line a minus line b ▶ c

d Amounts included on line 17, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 $ ______

(2) Other (specify) ______ $ ______

Add amounts on lines (1) and (2) ▶ d

e Total expenses per line 17, Form 990 (line c plus line d) ▶ e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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
CONSTANCE TUTTLE-PRIEST 1312 LAKE DRIVE DELRAY BEACH, FL 33444	PRESIDENT 30	0.	0.	3,500.
BONNIE HINELY 1473 MONTCALM ST. ORLANDO, FL 32806-2409	VICE PRESIDENT 1	0.	0.	0.
PHILIP LEGRAND 25 RIDGELAKE DRIVE MARY ESTHER, FL 32569-1659	SECRETARY 1	0.	0.	0.
SUZANNE CARPENTER 1024 NW 51ST TERRACE GAINESVILLE, FL 32605-4420	TREASURER 40	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ▶ ☐ Yes ☒ No

Part VI Other Information

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ ________ and check whether it is ☐ exempt OR ☐ nonexempt.				
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a 0.			
b	Did the organization file **Form 1120-POL** for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		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 89c, above, reimbursed by the organization	▶ 0.			
90 a	List the states with which a copy of this return is filed ▶ N/A				
b	Number of employees employed in the pay period that includes March 12, 2001	90b 0			

91 The books are in care of ▶ SUZANNE CARPENTER Telephone no ▶ 352-373-5049

Located at ▶ 1024 NW 51ST TERRACE, GAINESVILLE FL ZIP + 4 ▶ 32605

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

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a SEE STATEMENT 5					76,456.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					17,699.
95 Interest on savings and temporary cash investments			14	6,639.	
96 Dividends and interest from securities			14	724.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					<11,704.>
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		7,363.	82,451.

105 Total (add line 104, columns (B), (D), and (E)) ▶ 89,814.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization s exempt purposes (other than by providing funds for such purposes)
93 & 94	THESE FUNDS ARE THE PRIMARY SOURCE OF INCOME THAT PROVIDES ACTIVITIES, COMPETITIONS AND SCHOLARSHIPS FOR MUSIC STUDENTS WHO DEMONSTRATE EXCELLENCE AND/OR TALENT IN MUSIC IN ORDER TO FURTHER EACH RECIPIENTS KNOWLEDGE, SKILLS AND APPRECIATION OF MUSIC.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

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

[redacted] on a personal benefit contract? ☐ Yes ☒ No

mpanying schedules and statements and to the best of my knowledge and belief, it is true
mation of which preparer has any knowledge

Suzanne Lanham Carpenter Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2001

Name of the organization: FLORIDA FEDERATION OF MUSIC CLUBS, INC.

Employer identification number 23 7205938

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 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ**

Schedule A (Form 990 or 990-EZ) 2001

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12-29-01

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites ▶ $ ______ $ ______ **(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)** 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 substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
	a Sale, exchange, or leasing of property?	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?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below)	3	X	
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note *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 STATEMENT 6

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and 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 6 of the instructions)

Schedule A (Form 990 or 990-EZ) 2001

123111
01-07-02

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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	23,012.	3,730.			26,742.
16	Membership fees received	15,470.	14,466.			29,936.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	62,191.	90,058.	32,237.	95,956.	280,442.
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	6,597.	4,858.	3,082.	2,800.	17,337.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	107,270.	113,112.	35,319.	98,756.	354,457.
24	Line 23 minus line 17	45,079.	23,054.	3,082.	2,800.	74,015.
25	Enter 1% of line 23	1,073.	1,131.	353.	988.	

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

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines: 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2000) 0. (1999) 0. (1998) 0. (1997) 0.

b For any amount included in line 17 that was received from each peson (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2000) 0. (1999) 0. (1998) 0. (1997) 0.

c Add: Amounts from column (e) for lines: 15 26,742. 16 29,936. 17 280,442. 20 ____ 21 ____ ▶ 27c 337,120.

d Add: Line 27a total 0. and line 27b total 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 337,120.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 354,457.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 95.1089%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 4.8911%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A

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

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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 -	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		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500 000 but not over $1 000 000	$100 000 plus 15% of the excess over $500 000
Over $1 000 000 but not over $1,500 000	$175 000 plus 10% of the excess over $1 000 000
Over $1 500 000 but not over $17 000 000	$225 000 plus 5% of the excess over $1 500 000
Over $17 000 000	$1 000 000

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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 *Grassroots nontaxable* amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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	Yes	No	Amount
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)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
JUNIOR EXPENSES	21,989.	21,989.		
NFMC FEES, PROJECTS, DUES	12,629.	12,629.		
JEANIE EXPENSES	3,504.	3,504.		
FALL SESSION EXPENSES	3,840.	3,840.		
GOLD CUP	15,300.	15,300.		
MAY CONVENTION EXPENSE	3,996.	3,996.		
BANK CHARGES	968.		968.	
INSURANCE	389.		389.	
OTHER	954.		954.	
DUES AND SUBSCRIPTIONS	733.		733.	
TOTAL TO FM 990, LN 43	64,302.	61,258.	3,044.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

TO PROMOTE/INCREASE KNOWLEDGE OF MUSIC THROUGH SCHOLARSHIPS, EDUCATIONAL PROGRAMS AND ACTIVITIES, ETC.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
JUNIOR ESSAY CONTEST AWARD	HEIDI WELLS	107 YOUPON STREET, PORT ST. JOE, FL 32456	MUSIC STUDENT	50.
JUNIOR ESSAY CONTEST AWARD	ASHLEY MILLER	710 BELLIM LANE, SARASOTA, FL 32232	MUSIC STUDENT	25.
JUNIOR COMPOSER AWARD	VICTORIA MILLER	2495 BROWNING ST, SARASOTA, FL 32437-8120	MUSIC STUDENT	20.

JUNIOR COMPOSER AWARD	MICHAEL IKEGAMI	5260 CALAMONDIN AVE, COCOA, FL 32926-2019	MUSIC STUDENT	10.
JUNIOR COMPOSER AWARD	ALAN CLARK	1024 NW 51ST TERR, GAINESVILLE, FL 32605-4420	MUSIC STUDENT	25.
JUNIOR COMPOSER AWARD	DEANNA DANG	10737 GOLDEN SPIKE LN, JACKSONVILLE, FL 32257-3300	MUSIC STUDENT	15.
JUNIOR COMPOSER AWARD	SOJOURNER HODGES	9601 MICCOSUKEE ROAD #50, TALLAHASSEE, FL	MUSIC STUDENT	30.
JUNIOR COMPOSER AWARD	VINCENT DANG	10737 GOLDEN SPIKE LN, JACKSONVILLE, FL 32257-3300	MUSIC STUDENT	20.
JUNIOR COMPOSER AWARD	ROGER ZARE	3851 PRAIRIE DUNES DRIVE, SARASOTA, FL 34238-2817	MUSIC STUDENT	35.
JUNIOR COMPOSER AWARD	ANDREW MARINELLI	P.O. BOX 357275, GAINESVILLE, FL 32635-7275	MUSIC STUDENT	25.
JEANIE SCHOLARSHIP	BRIDGET SANCHEZ	15770 SW 148TH TERR, MIAMI, FL 33196	MUSIC STUDENT	1,500.
JEANIE SCHOLARSHIP	MONICA CAMAFREITA	5244 SW 89 AVE, MIAMI, FL 33165	MUSIC STUDENT	750.
JEANIE SCHOLARSHIP	KATHARINE ANNE GRACE	1221 MARSCASTLE AVE, ORLANDO, FL 32812	MUSIC STUDENT	750.
JEANIE SCHOLARSHIP	ELENA O'CONNOR	6580 SANTONA ST #A30, CORAL GABLES, FL 33146	MUSIC STUDENT	750.
JEANIE SCHOLARSHIP	ELIZABETH WESTERMAN	1417 AVE D, NE, WINTER HAVEN, FL 33881	MUSIC STUDENT	750.
SENIOR CONCERTO SCHOLARSHIP	SHEENA CHEW	1607 WHITE CLOUD CT, WINTER SPRINGS, FL	MUSIC STUDENT	1,000.
ALL PERFORMANCE AWARD	STEPHEN FINE	3415 NW 10TH AVE, GAINESVILLE, FL 32605-4916	MUSIC STUDENT	500.

MARY ELIZABETH LAND AWARD	JOCELYN HO	13734 BERMUDA CAY CT, JACKSONVILLE, FL 32225-5426	MUSIC STUDENT	300.
MARY ELIZABETH LAND AWARD	TAIKO PELICK	7751 SW 47TH LANE, GAINESVILLE, FL 32608	MUSIC STUDENT	200.
IRENE MUIR MEMORIAL AWARD	JILLIAN BLOOM	713 N 31ST AVE, HOLLYWOOD, FL 33021	MUSIC STUDENT	300.
VI KINSMAN MEMORIAL AWARD	JOYCE WANG	2898 NW 26TH ST, BOCA RATON, FL 33434	MUSIC STUDENT	200.
RUTH B. LOCKMILLER MEMORIAL AWARD	LYNNE GUEY	524 PRIVATEER RD, N PALM BEACH, FL 33408-4332	MUSIC STUDENT	100.
SENIOR VIOLIN CONCERTO AWARD	MICHAEL MONCADA	3700 NE 30TH AVE, LIGHTHOUSE POINT, FL 33064-8420	MUSIC STUDENT	200.
LORLEBERG MEMORIAL VIOLONCELLO	JILLIAN BLOOM	713 N 31ST AVE, HOLLYWOOD, FL 33021	MUSIC STUDENT	200.
MUSIC CAMP SCHOLARSHIP AWARD	MATTHEW SKANTZ	3220 NW 107TH AVE, CORAL SPRINGS, FL 33065	MUSIC STUDENT	200.
CASEY LISK MEMORIAL AWARD	SHEENA CHEW	1607 WHITE CLOUD CT, WINTER SPRINGS, FL	MUSIC STUDENT	200.
PIANO SOLO MUSICALLY ADVANCED AWARD	EMORY HSU	1607 WHITE CLOUD CT, WINTER SPRINGS, FL	MUSIC STUDENT	100.
SENIOR VIOLA CONCERTO AWARD	STEPHEN FINE	3415 NW 10TH AVE, GAINESVILLE, FL 32605-4916	MUSIC STUDENT	100.
MUSICALLY OUTSTANDING VOICE	JOSE LUACES	77 NW 105TH STREET, MIAMI SHORES, FL 33150	MUSIC STUDENT	100.
INSTRUMENT OTHER THAN STRINGS &	STEPHANIE SHORT	1637 N LAKE HOWARD DR, WINTER HAVEN, FL 33881	MUSIC STUDENT	100.
ELEANOR BILLY GRONLUND AWARD	SARAH PETERSON	19212 RIDGELAND DRIVE, LUTZ, FL 33549	MUSIC STUDENT	100.

BETTY NAJARIAN AWARD	MATTHEW SKANTZ	3220 NW 107TH AVE, CORAL SPRINGS, FL 33065	MUSIC STUDENT	100.
FRANCES RANDS BEERY AWARD	ALEXANDRA S. PERNICE	1763 OWASCO ST, WINTER SPRINGS, FL 32708	MUSIC STUDENT	250.
FRANCES RANDS BEERY AWARD	LAUREN KEIR JAHNA	1390 N CROOKED LAKE DR, BABSON PARK, FL 33827	MUSIC STUDENT	100.
WENDELL IRISH AWARD	STEPHEN FINE	3415 NW 10TH AVE, GAINESVILLE, FL 32605-4916	MUSIC STUDENT	200.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				9,305.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SENIOR DIVISION CONVENTIONS & WORKSHOPS (2)		7,836.
TOTAL TO FORM 990, PART III, LINE E		7,836.

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 5

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CONVENTION REGISTRATION					2,592.
CONVENTION MEAL DEPOSIT					5,278.
GOLD CUP FEES/ORDERS					36,679.
ENTRY FEES					22,280.
JEANIE DEPOSITS					7,390.
MAGAZINE SUBSCRIPTIONS					2,237.
TO FORM 990, PART VII, LINE 93					76,456.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 6
PART III, LINE 4

SCHOLARSHIPS ARE AWARDED TO MUSIC STUDENTS THAT DEMOSTRATE EXCELLENCE AND/OR TALENT IN MUSIC INORDER TO FURTHER EACH RECIPIENTS KNOWLEDGE, SKILLS AND APPRECIATION OF MUSIC.

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- 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: FLORIDA FEDERATION OF MUSIC CLUBS, INC.

Employer identification number: 23-7205938

Number, street, and room or suite no If a P O box, see instructions: P.O. BOX 357275

City, town or post office, state, and ZIP code For a foreign address, see instructions: GAINESVILLE, FL 32635-7275

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

☒ Form 990
☐ Form 990-BL
☐ Form 990-EZ
☐ Form 990-PF
☐ Form 990-T (corporation)
☐ Form 990-T (sec 401(a) or 408(a) trust)
☐ Form 990 T (trust other than above)
☐ Form 1041 A
☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ 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 FEBRUARY 18, 2003 to file the exempt organization return for the organization named above The extension is for the organization s return for
▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2001 , and ending JUN 30, 2002

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 **$** ________

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 **$** ________

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 **$** N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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 ▶ Robert F. Wat Title ▶ CPA Date ▶ 10/24/02

LHA **For Paperwork Reduction Act Notice, see instruction**