

# Return of Organization Exempt From Income Tax

**2002**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year, or tax year beginning January 1, 2002, and ending December 31, 2002

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C** Name of organization  
**Participant Inc**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**95 Rivington Street**

City or town state or country and ZIP + 4  
**New York, NY 10009**

**D** Employer identification number  
**26 0017746**

**E** Telephone number  
**( 917 ) 488-0185**

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

**G** Web site ▶

**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.

- 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?  Yes  No  
(If "No" attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Enter 4-digit GEN ▶
- 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 ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	Statement 1	1a	120,280.00	
	b	Indirect public support		1b		
	c	Government contributions (grants)		1c	14,654.59	
	d	Total (add lines 1a through 1c) (cash \$ 86,439.59 noncash \$ 48,500.00)		1d		134,939.59
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2		
	3	Membership dues and assessments		3		
	4	Interest on savings and temporary cash investments		4		
	5	Dividends and interest from securities		5		
	6a	Gross rents		6a		
6b	Less rental expenses		6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)		6c			
7	Other investment income (describe ▶ )		7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
	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	
Revenue	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		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c			
Revenue	10a	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		134,939.59	
Net Assets	13	Program services (from line 44, column (E))		13		119,360.35
	14	Management and general (from line 44, column (F))		14		13,780.01
	15	Fundraising (from line 44, column (D))		15		5,177.09
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 16 and 44, column (A))		17		148,317.45
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18		(13,377.86)	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19		0	
20	Other changes in net assets or fund balances (attach explanation)		20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21		(13,377.86)	

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**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 (See page 21 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	10,031 46		31 46	
33	Supplies	2,221 16	1,800 00	200 00	221 16
34	Telephone	2,380 62	1,866 43	714 19	
35	Postage and shipping				
36	Occupancy	39,101 14	35,191 03	3,910 11	
37	Equipment rental and maintenance				
38	Printing and publications	8,691 81	8,242 57		449 24
39	Travel	150 00	150 00		
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a				
b	<b>Statement 2, Other Expenses</b>	85,741 26	73,430 32	7,804 25	4,506 69
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	148,317 45	119,360 35	13,780 01	5,117 09

**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** (See page 24 of the instructions)

What is the organization's primary exempt purpose? **Statement 3**

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	<b>Exhibitions, live performances and music events</b>				
	(Grants and allocations \$ _____)				119,360 35
b					
	(Grants and allocations \$ _____)				
c					
	(Grants and allocations \$ _____)				
d					
	(Grants and allocations \$ _____)				
e	Other program services (attach schedule)	(Grants and allocations \$ _____)			
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)				119,360 35

**Part IV Balance Sheets** (See page 24 of the instructions)

<b>Note</b>		(A) Beginning of year	(B) End of year
<i>Where required attached schedules and amounts within the description column should be for end-of-year amounts only</i>			
<b>Assets</b>	<b>45</b> Cash—non-interest bearing . . . . .		<b>45</b> 322 14
	<b>46</b> Savings and temporary cash investments		<b>46</b>
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>	
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b> 6,300 00
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	<b>54</b>
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>	
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>
	<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>
	<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	<b>57c</b>
	<b>58</b> Other assets (describe <input type="checkbox"/> <u>Security deposits</u> )		<b>58</b> 8,000 00
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		<b>59</b> 14,622 14	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b>
	<b>61</b> Grants payable . . . . .		<b>61</b>
	<b>62</b> Deferred revenue . . . . .		<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>
	<b>64a</b> Tax exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <u>Loans payable</u> )		<b>65</b> 28,000 00
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		<b>66</b> 28,000 00	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74		
	<b>67</b> Unrestricted . . . . .		<b>67</b> 14,622 14
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>
	<b>69</b> Permanently restricted . . . . .		<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74		
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>
	<b>71</b> Paid in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>
	<b>72</b> Retained earnings, endowment accumulated income or other funds . . . . .		<b>72</b>
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		<b>73</b> (13,377 86)
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		<b>74</b> 14,622 14

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** (See page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements ▶	a	134,939.59
b	Amounts included on line a but not on line 12, Form 990	b	
(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	134,939.59
d	Amounts included on line 12, Form 990 but not on line a	d	
(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	134,939.59

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

a	Total expenses and losses per audited financial statements ▶	a	148,317.45
b	Amounts included on line a but not on line 17, Form 990	b	
(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	148,317.45
d	Amounts included on line 17, Form 990 but not on line a	d	
(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	148,317.45

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions)

(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
Lia Gangitano	Director, Board Director	0	0	0
Statement 4				

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?  Yes  No  
If "Yes," attach schedule—see page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

		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		✓
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		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
80a	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?		✓
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions		
b	Did the organization file Form 1120-POL for this year?		✓
82a	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?	✓	
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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs		
a	Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs		
a	Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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	✓
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs 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	✓
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	
91	The books are in care of Ryan Cummings Telephone no ( 212 ) Located at 95 Rivington Street ZIP + 4 10009		
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		<input type="checkbox"/>





**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 activities ▶ \$ _____ (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.		✓
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?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		✓
4 Do you have a section 403(b) annuity plan for your employees?	✓	

**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.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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.)
- 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 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
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					
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					
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					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 ▶	26a	
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶		26b	
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 _____ 22 _____ 26b _____ ▶		26d	
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," 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:

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (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:

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶		27c	
d Add Line 27a total _____ and line 27b total _____ ▶		27d	
e Public support (line 27c total minus line 27d total) ▶		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶		27h	%

28 Unusual Grants. For an organization described in line 10, 11 or 12 that received any unusual grants during 1998 through 2001, 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.

**Part V Private School Questionnaire** (See page 7 of the instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> 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.		
<b>35</b> 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 9 of the instructions)  
 (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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table— 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	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 of the instructions)

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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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

Participant, Inc.  
**Profit & Loss**  
January through December 2002

	<u>Jan - Dec 02</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Contributions Income</b>	
Benefits	6,810 00
Foundation	25,500 00
Government	14,654 59
Individuals	39,475 00
<b>Total Contributions Income</b>	<u>86,439 59</u>
<b>In-Kind</b>	
In-Kind Catering	1,000 00
In-Kind Installation/Tech/Staff	20,000 00
In-Kind Legal Fees	10,000 00
In-Kind Printing & Design	5,500 00
In-Kind Professional Fees	12,000 00
<b>Total In-Kind</b>	<u>48,500 00</u>
<b>Total Income</b>	134,939 59
<b>Expense</b>	
Artist & Curatorial Fees	134 00
Bank Service Charges	482 50
Building Fees	39,101 14
<b>In-Kind Expense</b>	
In-Kind Catering - Exp	1,000 00
In-Kind Instll/Tech/Staff - Exp	20,000 00
In-Kind Legal Fees - Exp	10,000 00
In-Kind Printing & Design - Exp	5,500 00
In-Kind Professional Fees - Exp	12,000 00
<b>Total In-Kind Expense</b>	<u>48,500 00</u>
Insurance	2,240 00
Licenses and Permits	500 00
Materials	4,241 07
Miscellaneous	-
Printing and Reproduction	3,191 81
<b>Professional Fees</b>	
Legal Fees	31 46
<b>Total Professional Fees</b>	<u>31 46</u>
Rent	39,430 00
Storage	4,207 00
Supplies	2,221 16
Telephone	2,380 62
<b>Travel &amp; Ent</b>	
Meals	1,506 69
Travel	150 00
<b>Total Travel &amp; Ent</b>	<u>1,656 69</u>
<b>Total Expense</b>	<u>148,317 45</u>
<b>Net Ordinary Income</b>	<u>(13,377 86)</u>
<b>Net Income</b>	<u><u>(13,377.86)</u></u>

**PARTICIPANT, INC**  
**BALANCE SHEET FISCAL 2002**

	<u><b>Dec 31, 02</b></u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
Fleet	322 14
<b>Total Checking/Savings</b>	<u>322 14</u>
<b>Total Current Assets</b>	322 14
<b>Other Assets</b>	
Prepaid Expense	6 300 00
Security Deposit	8,000 00
<b>Total Other Assets</b>	<u>14,300 00</u>
<b>TOTAL ASSETS</b>	<u><u><b>14,622.14</b></u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
Long Term Liabilities	
Loan Payable	28,000 00
<b>Total Long Term Liabilities</b>	<u>28,000 00</u>
<b>Total Liabilities</b>	28,000 00
<b>Equity</b>	
Net Income	-13 377 86
<b>Total Equity</b>	<u>-13,377 86</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u><b>14,622.14</b></u></u>

Statement 2

**PARTICIPANT, INC.**      26-0017746  
**Year 2002**

Form 990, Line 43, Other Expenses

<b>EXPENSE</b>	<b>TOTAL</b>	<b>PROGRAMMING</b>	<b>MANAGEMENT</b>	<b>FUNDRAISING</b>
Artist & Curatorial Fees	134 00	134 00		
Staff/tech support	20,000 00	16,000 00	2,000 00	2,000 00
Professional fees	12,000 00	12,000 00		
Bank Service Charges	482 50	241 25	241 25	
Insurance	2,240 00	1,120 00	1,120 00	
Licenses & Permits	500 00		500 00	
Materials	4,241 07	4,241 07		
Meals	2,506 69			2,506 69
Rent	39,430 00	35,487 00	3,943 00	
Storage	4,207 00	4,207 00		
<b>TOTAL</b>	<b>\$ 85,741.26</b>	<b>73,430.32</b>	<b>7,804.25</b>	<b>4,506.69</b>

**Statement 3**

Participant Inc            26-0017746  
Form 990  
Year 2002

**Part III, Exempt purpose**

**To benefit, support and promote the exhibition of artworks and the presentation of cultural, literary, and musical events to the general public, and to provide lectures, readings and benefits that generally promote literature, music and the arts**

## Statement 4, Form 990, Part V, List of Officers, Trustees, and Key Employees

## BOARD OF TRUSTEES

Lia Gangitano, Chairman	178 Ludlow Street, 4B New York, NY 10002	Work, 917-488-0185 <a href="mailto:Liangang@aol.com">Liangang@aol.com</a>
Adam Ames	111 Wooster Street, 5D New York NY 10012 Home 212 965 1978	Studio 212 337 9911 Cell 917 885 <a href="mailto:1967Jrlom@earthlink.net">1967Jrlom@earthlink.net</a>
Sandra Antelo-Suarez	c/o TRANS> 521 West 25 Street, Ste 502 New York NY 10001 Work 646 486 0252	Cell 646 552 1871 <a href="mailto:sandra@transmag.org">sandra@transmag.org</a>
Julie Ault	88 Bleecker Street, 4G New York NY	Home 212 982 4383 <a href="mailto:Julie2000@compuserve.com">Julie2000@compuserve.com</a>
Martin Beck	88 Bleecker Street, 4G New York NY	Home 212 982 4383 <a href="mailto:Mb543@earthlink.net">Mb543@earthlink.net</a>
Branka Bogdanov	c/o The Institute of Contemporary Art 955 Boylston Street Boston MA 02115	Work 617 927 6605 <a href="mailto:Branka@icaboston.org">Branka@icaboston.org</a>
Ryan Cummings, treasurer	328 West 15th Street, C1 New York NY 10011	Home 212 989 2651
Elizabeth Dee	c/o Elizabeth Dee Gallery 545 West 20th Street New York NY 10011	Work 212 924 7545 Cell 917 856 4320
Thalia Feilen, secretary	35 Bedford Street, #27 New York NY 10014 Home 212 352 9176 Work 631 844 0220 x305	Cell 917 701 4934 <a href="mailto:Teilen@qnalaw.com">Teilen@qnalaw.com</a>
Natalie Fein	124 Ludlow Street, 4B New York Ny 10002 Home 212 539 0891	Cell 646 408 0452 Work 212 390 5675 <a href="mailto:Nfein8@yahoo.com">Nfein8@yahoo.com</a>
Timothy Fichtner	1009 Western Avenue, #1209 Seattle WA 98104 Summer PO Box 3036 Chelan WA 98816	Home 206 447 4737 509 682 5174 Cell 206 399 6944
Rachel Greene	261 West 22nd Street, No 26 New York NY 10011	Home 212 929 4989 Cell 917 653 3708 <a href="mailto:Rachel@rhizome.org">Rachel@rhizome.org</a>
Jacqueline Humphnes	313 Henry Street New York NY 10002	Cell 917 584 1036 Studio 212 233 1923 <a href="mailto:Kakeen@earthlink.net">Kakeen@earthlink.net</a>
Milena Kalinovska	4607 Chevy Chase Blvd Chevy Chase MD 20815	Home 301 718 4292 <a href="mailto:Milena.kalinovska@worldnet.att.net">Milena.kalinovska@worldnet.att.net</a>
Ramsey McPhillips	13000 SW McPhillips Road McMinville, Oregon 97128	1 800 370 5221 <a href="mailto:Hortivangelist@hotmail.com">Hortivangelist@hotmail.com</a>
Timothy U Nye	c /o The MAT Foundation 740 Broadway , 11th floor New York NY 10003	Work 212 995 2222 Cell 917 837 5004 <a href="mailto:Tnye@alltrue.com">Tnye@alltrue.com</a>
Tony Oursler	313 Henry Street New York NY 10002	Cell 917 375 4190 <a href="mailto:Toursler@aol.com">Toursler@aol.com</a>
Ellen Salpeter	135 Eastern Parkway, 15C Brooklyn NY 11238	718 783 6339 cell 917 741 6110 <a href="mailto:Esalpeter@heartofbrooklyn.org">Esalpeter@heartofbrooklyn.org</a>
Joseph R Wolin	526 West 123rd Street, 5W New York NY 10027	Home 212 662 0456 <a href="mailto:Jrwolin@yahoo.com">Jrwolin@yahoo.com</a>

# Change of Address

▶ Please type or print.

▶ See instructions on back ▶ Do not attach this form to your return

## Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects

- 1  Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc )
  - ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . .
- 2  Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc )
  - ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below

▶ Decedent's name ▶ Social security number

3a Your name (first name, initial and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number
5 Prior name(s). See instructions	
6a Old address (no street, city or town, state and ZIP code) If a P O box or foreign address, see instructions.	Apt. no.
6b Spouse's old address, if different from line 6a (no street, city or town, state and ZIP code). If a P O box or foreign address see instructions	Apt. no.
7 New address (no street, city or town, state and ZIP code) If a P O box or foreign address, see instructions	Apt. no.

## Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects

- 8  Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc )
- 9  Employee plan returns (Forms 5500, 5500-EZ, etc )
- 10  Business location

11a Business name <b>PARTICIPANT, INC</b>	11b Employer identification number <b>26:0017746</b>
12 Old mailing address (no street, city or town, state, and ZIP code) If a P O box or foreign address see instructions. <b>178 Ludlow Street, New York, NY 10002</b>	Room or suite no. <b>4B</b>
13 New mailing address (no street, city or town, state and ZIP code) If a P O box or foreign address, see instructions <b>95 Rivington Street, New York, NY 10002</b>	Room or suite no.
14 New business location (no street, city or town, state and ZIP code) If a foreign address, see instructions <b>95 Rivington Street, New York, NY 10002</b>	Room or suite no.

## Part III Signature

Daytime telephone number of person to contact (optional) ▶ **( 917 ) 488-0185**

**Sign Here**

Your signature	Date	<i>[Signature]</i> 1/15/03
If joint return, spouse's signature	Date	<b>TREASURER</b>