

**Return of Organization Exempt from Income Tax**

**2001**

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 2001 calendar year, or tax year beginning 9/01, 2001, and ending 8/31, 20 02

**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** 21938 \*\*\*\*\*AUTO\*\*5-DIGIT 94022  
 CALIFORNIA MUSIC CENTER P 35 I  
 461 HACIENDA WAY R  
 LOS ALTOS CA 94022-2115 B 16 S

Employer Identification Number: 51-0138643  
 Telephone number: (650) 941-7218  
 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?  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 group GEN: \_\_\_\_\_  
 M Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**G** Web site: N/A

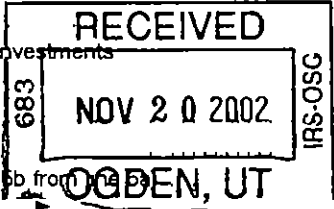
**J** Organization type (check only one):  501(c) 3 (insert no.)  4947(a)(1) or  527

**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.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 122,290

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	1a	93,999	
<b>b</b>	Indirect public support	1b		
<b>c</b>	Government contributions (grants)	1c	15,000	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>108,999</u> noncash \$ _____)	1d	108,999	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,727	
<b>3</b>	Membership dues and assessments	3		
<b>4</b>	Interest on savings and temporary cash investments	4	1,185	
<b>5</b>	Dividends and interest from securities	5	839	
<b>6a</b>	Gross rents	6a		
<b>b</b>	Less rental expenses	6b		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
<b>7</b>	Other investment income (describe _____)	7		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less cost or other basis and sales expenses	8a		
<b>c</b>	Gain or (loss) (attach schedule)	8b		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		8d
<b>9</b>	Special events and activities (attach schedule)			
<b>a</b>	Gross revenue (not including \$ <u>1,885</u> of contributions reported on line 1a)	9a	1,540	
<b>b</b>	Less direct expenses other than fundraising expenses	9b	2,711	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-1,171	
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a		
<b>b</b>	Less cost of goods sold	10b		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b>	Other revenue (from Part VII, line 103)	11		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	119,579	
<b>13</b>	Program services (from line 44, column (B))	13	95,533	
<b>14</b>	Management and general (from line 44, column (C))	14	45,019	
<b>15</b>	Fundraising (from line 44, column (D))	15		
<b>16</b>	Payments to affiliates (attach schedule)	16		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	17	140,552	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-20,973	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	71,123	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) See Statement 2	20	-796	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	49,354	



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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

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 (att sch) See Stmt 3 (cash \$ 16,493 non cash \$ )	16,493	16,493		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	18,750		18,750	
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	1,567		1,567	
30	Professional fundraising fees				
31	Accounting fees	625		625	
32	Legal fees				
33	Supplies	551		551	
34	Telephone	1,061		1,061	
35	Postage and shipping	6,017		6,017	
36	Occupancy	1,607		1,607	
37	Equipment rental and maintenance				
38	Printing and publications	2,958		2,958	
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	313		313	
43	Other expenses not covered above (itemize)				
a	See Statement 4	90,610	79,040	11,570	
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	140,552	95,533	45,019	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 5	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a IRVING M KLEIN STRING COMPETITION LEADING TO FIVE SCHOLARSHIP AWARDS TOTALING \$16,493 AND THERE WERE 66 PARTICIPANTS PROMOTES MUSIC & ALL MUSICIANS (Grants and allocations \$ )	95,533
b (Grants and allocations \$ )	
c (Grants and allocations \$ )	
d (Grants and allocations \$ )	
e Other program services. (Grants and allocations \$ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), program services) ▶	95,533

**Part IV Balance Sheets** (See instructions)

**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	333	45	21
	46 Savings and temporary cash investments	69,408	46	48,264
	47a Accounts receivable			
	b Less allowance for doubtful accounts			
	48a Pledges receivable			
	b Less allowance for doubtful accounts			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)			
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,564			
b Less accumulated depreciation (attach schedule)	Statement 6 495	1,382	57c	1,069
58 Other assets (describe ▶ )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		71,123	59	49,354
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 (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)		0	66	0
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	71,123	67	49,354
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	71,123	73	49,354
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	71,123	74	49,354

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.

BAA



**Part VI Other Information** (See specific 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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?		X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> 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	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
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?		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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
85b	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	85b	N/A
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 on line 85f?		85g	N/A
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	N/A
86a	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
87a	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
89a	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>		
89b	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
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		90b	0
91	The books are in care of ▶ <u>JOCELYN P HUGHES</u> Telephone number ▶ <u>(650) 941-7218</u> Located at ▶ <u>461 HACIENDA WAY, LOS ALTOS, CA</u> ZIP + 4 ▶ <u>94022-2115</u>		
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 instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a COMPETITION FEES					8,617
b MERCHANDISE SALES					210
c PROGRAM ADVERTISING					900
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					1,185
96 Dividends & interest from securities					839
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-1,171
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))					10,580
105 Total (add line 104, columns (B), (D), and (E))					10,580

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 instructions)

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)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(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 instructions)

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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date November 14, 2002

TREASURER

Preparer's SSN or PTIN (see instructions)

**Schedule A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(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)

**2001**

Supplementary Information - (see separate instructions)

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

Department of the Treasury  
Internal Revenue Service

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 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				
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Total number of other employees paid over \$50,000 ▶ 0				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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		
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Total number of others receiving over \$50,000 for professional services ▶ 0		

**Part III** Statements About Activities (See instructions)

	Yes	No
<b>1</b> 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 $\triangleright$ \$ <u>N/A</u> (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		X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</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		

**Part IV** Reason for Non-Private Foundation Status (See 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  $\triangleright$  \_\_\_\_\_
- 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)
- 11 a**  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)
- 11 b**  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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	69,490	60,847	46,070	31,078	207,485
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		4,636	3,856	3,860	12,352
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	4,040	4,123	2,930	2,529	13,622
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 See Stmt 8	98				98
23 Total of lines 15 through 22	73,628	69,606	52,856	37,467	233,557
24 Line 23 minus line 17	73,628	64,970	49,000	33,607	221,205
25 Enter 1% of line 23	736	696	529	375	

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

c Total support for Section 509(a)(1) test Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	
26b	
26c	
26d	
26e	
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

(2000) \_\_\_\_\_ 0 (1999) \_\_\_\_\_ 0 (1998) \_\_\_\_\_ 0 (1997) \_\_\_\_\_ 0

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

(2000) \_\_\_\_\_ 0 (1999) \_\_\_\_\_ 0 (1998) \_\_\_\_\_ 0 (1997) \_\_\_\_\_ 0

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 207,485 16 \_\_\_\_\_  
17 \_\_\_\_\_ 12,352 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 from line 23, column (e) **27f** | 233,557

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

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

27c	219,837
27d	0
27e	219,837
27f	233,557
27g	94.13 %
27h	5.83 %

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

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

N/A

**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?

	Yes	No
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?

32 a		
------	--	--

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b		
------	--	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c		
------	--	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32 d		
------	--	--

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?

33 a		
------	--	--

**b** Admissions policies?

33 b		
------	--	--

**c** Employment of faculty or administrative staff?

33 c		
------	--	--

**d** Scholarships or other financial assistance?

33 d		
------	--	--

**e** Educational policies?

33 e		
------	--	--

**f** Use of facilities?

33 f		
------	--	--

**g** Athletic programs?

33 g		
------	--	--

**h** Other extracurricular activities?

33 h		
------	--	--

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?

34 a		
------	--	--

**b** Has the organization's right to such aid ever been revoked or suspended?

34 b		
------	--	--

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		
----	--	--





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of Organization

CALIFORNIA MUSIC CENTER

Employer Identification Number

51-0138643

Organization type (check one)

Filers of:

Form 990 or 990 EZ

Form 990 PF

Section:

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
 527 political organization  
 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7) (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions )

**General Rule –**

For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

CALIFORNIA MUSIC CENTER

51-0138643

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>2</u>	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>3</u>	----- ----- -----	\$ ----- 11,822	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>4</u>	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>5</u>	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>6</u>	----- ----- -----	\$ ----- 15,693	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

CALIFORNIA MUSIC CENTER

51-0138643

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is 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 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once – 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 + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(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 + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(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 + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(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 + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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**Statement 1**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
S F FRIENDS OF CHAMBER MUSIC FUNDRAISER	3,425	1,885	1,540	2,711	-1,171
Totals	\$ 3,425	\$ 1,885	\$ 1,540	\$ 2,711	\$ -1,171

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

UNREALIZED LOSS FROM MUTUAL FUNDS					\$ -796
				Total	\$ -796

**Statement 3**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Class of Activity	MUSIC AWARD		
Donee's Name	NOTRE DAME MUSIC DEPARTMENT		
Amount Given		\$	500

Cash Grants and Allocations

Class of Activity	MUSIC AWARD		
Donee's Name	ADAM BARNETT-HART		
Amount Given		\$	500

Cash Grants and Allocations

Class of Activity	MUSIC AWARD		
Donee's Name	CAROLINE CAMPBELL		
Amount Given		\$	1,500

Cash Grants and Allocations

Class of Activity	MUSIC AWARD		
Donee's Name	HOWARD ZHANG		
Amount Given		\$	200

Cash Grants and Allocations

Class of Activity	MUSIC AWARD		
Donee's Name	KATHRYN EBERLE		
Amount Given		\$	1,000

Cash Grants and Allocations

Class of Activity	MUSIC AWARD		
Donee's Name	KE GONG ZHANG		

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**Statement 3 (continued)**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Amount Given \$ 2,593

Cash Grants and Allocations

Class of Activity MUSIC AWARD  
 Donee's Name MIN-JI KIM  
 Amount Given \$ 5,200

Cash Grants and Allocations

Class of Activity. MUSIC AWARD  
 Donee's Name TENG LI  
 Amount Given \$ 5,000

Total Cash Grants and Allocations \$ 16,493

Total Grants and Allocations \$ 16,493

**Statement 4**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
ADVERTISING	8,119		8,119	
BANK FEES	51		51	
COMPETITION EXPENSES	79,040	79,040		
DUES & SUBSCRIPTIONS	138		138	
INSURANCE	1,889		1,889	
LICENSE FEE	45		45	
MEALS	28		28	
MISCELLANEOUS	85		85	
PROFESSIONAL DEVELOPMENT	25		25	
UTILITIES	848		848	
WORKERS COMP INS	342		342	
Total	\$ 90,610	\$ 79,040	\$ 11,570	\$ 0

**Statement 5**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

FACILITATE/ENCOURAGE/PROMOTE MUSIC EDUCATION

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**Statement 6**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 1,564	\$ 495	\$ 1,069
Total	\$ 1,564	\$ 495	\$ 1,069

**Statement 7**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
JUDITH ANDERSON 280 BELLA VISTA DRIVE HILLSBOROUGH, CA 94010	Vice President 4	\$ 0	\$ 0	\$ 0
LAVILLA & THOMAS 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
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	18,750	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
ROBERTA C KIPHUTH 726 CAROLINA AVENUE SUNNYVALE, CA 94086	Director None	0	0	0
DELORES SHAW 444 LASSEN STREET, UNIT 1 LOS ALTOS, CA 94022	Recording Sec None	0	0	0

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CALIFORNIA MUSIC CENTER

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Statement 7 (continued)  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
HAROLD HUGHES 461 HACIENDA WAY LOS ALTOS, CA 94022	Director None	\$ 0	\$ 0	\$ 0
JOCELYN HUGHES 461 HACIENDA WAY LOS ALTOS, CA 94022	Treasurer 4	0	0	0
ELAINE KLEIN 2127 DARNIS CIRCLE MORGAN HILL, CA 95037	Secretary 4	0	0	0
MITCHELL SARDOU KLEIN 4472 REINHARDT DR OAKLAND, CA 94619	President 4	0	0	0
MRS CHARLOTTE KURSH 8540 OAK VIEW LANE FAIR OAKS, CA 95628	Director None	0	0	0.
Total		<u>\$ 18,750</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 8  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
REFUND OF IRS FINES	\$ 98	\$ 0	\$ 0	\$ 0	\$ 98
Total	<u>\$ 98</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 98</u>