

**Return of Organization Exempt From Income Tax**

**2002**

Department of the Treasury  
Internal Revenue Service

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

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 period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

**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**  
 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

**G** Web site: **WWW.FFMC-MUSIC.ORG**

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

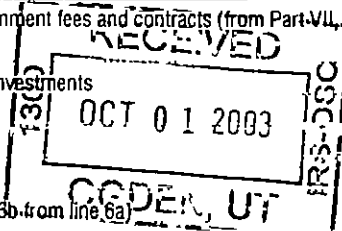
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**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: **113,744.**

**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	11,550.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <b>11,550.</b> noncash \$ _____)	1d	11,550.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	72,319.		
	3	Membership dues and assessments	3	19,559.		
	4	Interest on savings and temporary cash investments	4	4,038.		
	5	Dividends and interest from securities	5	752.		
	6a	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: <b>UNREALIZED GAIN ON SECURITIES</b> )	7	401.		
	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	5,125.	(B) Other
	b	Less cost or other basis and sales expenses	8b	5,065.		
	c	Gain or (loss) (attach schedule)	8c	60.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	60.		
	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			
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	108,679.			
Expenses	13	Program services (from line 44, column (B))	13	83,380.		
	14	Management and general (from line 44, column (C))	14	13,880.		
	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	97,260.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	11,419.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	319,664.		
	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	331,083.		



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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 \$ <u>9,930.</u> noncash \$ _____	9,930.	9,930.	STATEMENT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	750.		750.	
32	Legal fees				
33	Supplies	395.		395.	
34	Telephone				
35	Postage and shipping				
36	Occupancy	202.		202.	
37	Equipment rental and maintenance				
38	Printing and publications	5,992.		5,992.	
39	Travel	3,620.		3,620.	
40	Conferences, conventions, and meetings	1,063.		1,063.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	75,308.	73,450.	1,858.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	97,260.	83,380.	13,880.	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? <b>SEE STATEMENT 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
<b>a STEPHEN FOSTER MEMORIAL FUND-AUDITIONS, AWARDS, ANNUAL JEANIE SCHOLARSHIPS</b>	
(Grants and allocations \$ <u>4,500.</u> )	8,164.
<b>b JUNIOR FESTIVAL AND CONVENTION. OVER 1,600 YOUNG PEOPLE BENEFITED AS A CONTEST EVOLVED STATEWIDE</b>	
(Grants and allocations \$ <u>5,430.</u> )	36,110.
<b>c NFMC FEES, PROJECTS, DUES</b>	
(Grants and allocations \$ _____)	15,818.
<b>d GOLD CUP PROGRAM- REWARD SYSTEM USED TO MOTIVATE STUDENTS</b>	
(Grants and allocations \$ _____)	16,605.
<b>e Other program services (attach schedule) STATEMENT 5</b>	6,683.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>83,380.</b>

**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	2,734.	45	5,464.
	46 Savings and temporary cash investments	316,930.	46	286,874.
	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 <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54	38,745.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>319,664.</b>	<b>59</b>	<b>331,083.</b>	
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 <input type="checkbox"/> )		65	
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>0.</b>	<b>66</b>	<b>0.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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	319,664.	72	331,083.
<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>319,664.</b>	<b>73</b>	<b>331,083.</b>	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>319,664.</b>	<b>74</b>	<b>331,083.</b>	

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**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line <b>a</b> 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>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>

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

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> N/A
<b>b</b> Amounts included on line <b>a</b> 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>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>c</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>

**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
DENE WARD ROUTE 3, BOX 1559 LAKE BUTLER, FL 32054-9500	VICE PRESIDENT 1	0.	0.	0.
BONNIE HINELY 1473 MONTCALM ST. ORLANDO, FL 32806-2409	PRESIDENT 30	0.	0.	2,429.
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	OFFICER 40	0.	0.	0.
JUDITH LANCASTER 4702 GARDENBROOK LANE ORLANDO, FL 32821-8246	TREASURER 1	0.	0.	0.
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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 Form 990 (2002)

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 <input type="checkbox"/> exempt or <input type="checkbox"/> 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?	83b	X
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 on line 85f? N/A	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? 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 NONE		
b	Number of employees employed in the pay period that includes March 12, 2002 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 page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>SEE STATEMENT 7</u>					72,319.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					19,559.
95 Interest on savings and temporary cash investments			14	4,038.	
96 Dividends and interest from securities			14	752.	
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					401.
100 Gain or (loss) from sales of assets other than inventory			18	60.	
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.		4,850.	92,279.
105 Total (add line 104, columns (B), (D), and (E))					97,129.

**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 page 32 of the 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)
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 page 32 of the 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 page 33 of the 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

accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

1/26/03 Suzanne Lapham Carpenter  
Type or print name and title 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

**2002**

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
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

<b>Part III Statements About Activities</b> (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 1 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) <b>SEE STATEMENT 8</b>			
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
<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 <b>SEE STATEMENT 9</b>			

<b>Part IV Reason for Non-Private Foundation Status</b> (See pages 3 through 5 of the instructions)			
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box.)			
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)			
11a <input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)			
11b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12 <input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)			
13 <input type="checkbox"/> 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 <input type="checkbox"/> 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.)	8,194.	23,012.	3,730.		34,936.
16 Membership fees received	17,699.	15,470.	14,466.		47,635.
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	76,456.	62,191.	90,058.	32,237.	260,942.
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	7,363.	6,597.	4,858.	3,082.	21,900.
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	109,712.	107,270.	113,112.	35,319.	365,413.
24 Line 23 minus line 17	33,256.	45,079.	23,054.	3,082.	104,471.
25 Enter 1% of line 23	1,097.	1,073.	1,131.	353.	

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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum 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: (2001) 0. (2000) 0. (1999) 0. (1998) 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: (2001) 0. (2000) 0. (1999) 0. (1998) 0.			
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	343,513.
d Add: Line 27a total 0. and line 27b total 0.		27d	0.
e Public support (line 27c total minus line 27d total)		27e	343,513.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	365,413.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	94.0068%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	5.9932%

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)

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?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/>			
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/>			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<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	}	<b>41</b>
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>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				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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
<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)			0.

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



FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF BOND	06/10/93	12/09/02	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	5,125.	5,065.	0.	60.
TOTAL TO FM 990, PART I, LN 8	5,125.	5,065.	0.	60.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
JUNIOR EXP.	30,680.	30,680.		
NFMC	15,818.	15,818.		
JEANIE EXPENSES	3,664.	3,664.		
FALL SESSION	2,433.	2,433.		
GOLD CUP	16,605.	16,605.		
MAY CONVENTION	4,250.	4,250.		
BANK CHARGES	619.		619.	
INSURANCE	641.		641.	
OTHER	377.		377.	
DUES & SUBSCRIPTIONS	221.		221.	
TOTAL TO FM 990, LN 43	75,308.	73,450.	1,858.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3 PART III

EXPLANATION

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

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
JUNIOR ESSAY CONTEST AWARD	EMMA KATE SCOVILL	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	50.
JUNIOR ESSAY CONTEST AWARD	ELENA MENDENHALL	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	25.
JUNIOR COMPOSER AWARD	VICTORIA MILLER	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	20.
JUNIOR COMPOSER AWARD	HELEN ZHANG	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	10.
JUNIOR COMPOSER AWARD	ALAN CLARK	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	25.
JUNIOR COMPOSER AWARD	EMILY HOLLIS	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	15.
JUNIOR COMPOSER AWARD	BRIAN CHENG	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	30.
JUNIOR COMPOSER AWARD	LAURA HOLLIS	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	20.
JUNIOR COMPOSER AWARD	ROGER ZARE	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	35.
ALL PERFORMANCE AWARD	JOCELYN HO	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	600.
MARY ELIZABETH LAND AWARD	JOYCE WANG	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	400.
MARY ELIZABETH LAND AWARD	ESTHER WANG	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	300.

IRENE MUIR MEMORIAL AWARD	P. NELSON HSIEH	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	400.
VI KINSMAN MEMORIAL AWARD	ERIC WU	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	300.
RUTH B. LOCKMILLER MEMORIAL AWARD	DAVID FUNG	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	200.
SENIOR VIOLIN CONCERTO AWARD	DMITRIY MELKUMOV	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	300.
FLORIDA SUMMER MUSIC CAMP SCHOLARSHIP	CYNTHIA BOVA	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	300.
CASEY LISK MEMORIAL AWARD	EMORY HSU	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	300.
PIANO SOLO MUSICALLY ADVANCED AWARD	COLBY CHARNIN	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	200.
SENIOR VIOLA CONCERTO AWARD	DAVID DERRICO	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	200.
JUNIOR AWARD FOR OUTSTANDING	JOSE LUACES	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	200.
ELEANORE GRONLUND HYMN PLAYING AWARD	JEFFREY MULKEY	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	200.
BETTY NAJARIAN PATRIOTIC/FOLK ONG AWARD	DANIELLE RUDISI	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	200.
JEANIE AWARD	ELIZABETH WESTERMAN	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	750.
JEANIE AWARD	SERENA MULLIS	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	750.
JEANIE AWARD	OLIVIA MCLEAN	C/O FPMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	750.

JEANIE AWARD	COLLEEN RYDLAND	C/O FFMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	750.
JEANIE AWARD	KATHERINE GRACE	C/O FFMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	1,500.
SENIOR CONCERTO SCHOLARSHIP	TAIKO PELICK	C/O FFMC, PO BOX 357275, GAINESVILLE, FL	MUSIC STUDENT	1,100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>9,930.</u>

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FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SENIOR DIVISION CONVENTIONS & WORKSHOPS (2)		6,683.
TOTAL TO FORM 990, PART III, LINE E		<u>6,683.</u>

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FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES AND OTHER INVESTMENTS				38,745.	38,745.
TO 990, LN 54 COL B				<u>38,745.</u>	<u>38,745.</u>

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 7

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MAGAZINE SUBSCRIPTIONS					2,884.
CONVENTION REGISTRATION					2,432.
CONVENTION MEAL DEPOSIT					3,757.
GOLD CUP FEES/ORDERS					29,917.
ENTRY FEES					28,329.
JEANIE DEPOSITS					5,000.
TO FORM 990, PART VII, LINE 93					72,319.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 8

THE PRESIDENT WAS REIMBURSED FOR VARIOUS EXPENSES RELATED TO THE PURPOSE OF THE ORGANIZATION IN THE AMOUNT OF \$2,429.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3 STATEMENT 9

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