

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2005
Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

- 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) Room/suite
 PO BOX 357275

City or town, state or country, and ZIP + 4
 GAINESVILLE, FL 326357275

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).

G Web site: WWWFFMC-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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **225,050**

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 Group Exemption Number **_____**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	41,156	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>41,156</u> noncash \$ _____)		1d	41,156
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	73,624
	3	Membership dues and assessments		3	22,456
	4	Interest on savings and temporary cash investments		4	2,354
	5	Dividends and interest from securities		5	8,659
	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 _____)		7		
8a	Gross amount from sales of assets other than inventory		(A) Securities	76,761	8a
	Less cost or other basis and sales expenses			73,661	8b
	Gain or (loss) (attach schedule)		<input checked="" type="checkbox"/> 3,100		8c
	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	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		
	Less cost of goods sold		10b		
	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	40	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	151,389	
Expenses	13	Program services (from line 44, column (B))		13	91,562
	14	Management and general (from line 44, column (C))		14	18,456
	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	110,018
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	41,371
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	367,335
	20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>		20	5,047
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	413,753

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 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) <input checked="" type="checkbox"/> (cash \$ <u>12,695</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 12,695	12,695		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 1,907		1,907	
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31 1,501		1,501	
32	Legal fees	32			
33	Supplies	33 280		280	
34	Telephone	34			
35	Postage and shipping	35 720		720	
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38 5,442		5,442	
39	Travel	39			
40	Conferences, conventions, and meetings	40 4,095		4,095	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 110,018	91,562	18,456	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 (See the instructions.)

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.

<p>What is the organization's primary exempt purpose? ▶ TO PROMOTE AND INCREASE KNOWLEDGE OF ALL THINGS MUSIC THROUGH SCHOLARSHIPS, EDUCATIONAL PROGRAMS AND ACTIVITIES, ETC</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>91,562</p>

Part IV Balance Sheets (See the 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		45	4,088
	46 Savings and temporary cash investments	71,966	46	82,704
	47a Accounts receivable	47a	47c	
	b Less allowance for doubtful accounts	47b		
	48a Pledges receivable	48a	48c	
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a	51c	
	b Less allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	295,369	54	326,961
	55a Investments—land, buildings, and equipment basis	55a	55c	
	b Less accumulated depreciation (attach schedule)	55b		
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a	57c	
	b Less accumulated depreciation (attach schedule)	57b		
	58 Other assets (describe _____)		58	
	59 Total assets (must equal line 74) Add lines 45 through 58	367,335	59	413,753
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 Total liabilities Add lines 60 through 65	0	66	0	
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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	367,335	72	413,753
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	367,335	73	413,753	
74 Total liabilities and net assets / fund balances Add lines 66 and 73	367,335	74	413,753	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on line 12, but not on line a			
1	Investment expenses not included on line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (line 12) Add lines c and d		e	

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on line 20	b2		
3	Losses reported on line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on line 17, but not on line a :			
1	Investment expenses not included on line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
CONNIE TUTTLE-LILL 466 NE 5TH AVENUE DELRAY BEACH, FL 33483	PRESIDENT 25 00	0	0	1,907
ANNE CRUXENT 5530 LEJEUNE ROAD CORAL GABLES, FL 33146	VICE PRESIDENT 3 00	0	0	0
NANCY JONTZ 8114 S ORANGE BLOSSOM TRAIL ORLANDO, FL 328097670	SECRETARY 7 00	0	0	0
SUZANNE CARPENTER PO BOX 357275 GAINESVILLE, FL 326357275	TREASURER 25 00	0	0	0

Part VI Other Information (continued)

	Yes	No
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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?	82a		No
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		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
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 the prior year	85b		
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. Enter 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. Enter 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		No
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		No
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, 2005 (See instructions)	90b		
91a The books are in care of <u>SUZANNE CARPENTER</u> Telephone no <u>(352) 373-5059</u> Located at <u>1024 NW 51ST TERRACE</u> <u>GAINESVILLE, FL</u> ZIP + 4 <u>32605</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
If "Yes," enter the name of the foreign country _____			
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		

Part VII Analysis of Income-Producing Activities (See the 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 Program service revenue - Related					73,624
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					22,456
95 Interest on savings and temporary cash investments			14	2,354	
96 Dividends and interest from securities			14	8,659	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,100	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>Miscellaneous Income</u>					40
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				14,113	96,120
105 Total (add line 104, columns (B), (D), and (E))					110,233

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 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	THESE FUNDS ARE PROVIDED BY THE PRIMARY EXEMPT FUNCTIONS OF ACTIVITIES FESTIVAL AND COMPETITIONS WHICH FURTHER EACH PARTICIPANT'S KNOWLEDGE SKILLS AND APPRECIATION OF MUSIC
94	THROUGH DUES PAYMENTS MEMBERS ARE ALLOWED TO PARTICIPATE IN AND SUPPORT ACTIVITIES WHICH FURTHER THE ORGANIZATION'S EXEMPT FUNCTION
103	SMALL MISCELLANEOUS INCOME WHICH IS RELATED TO THE ORGANIZATION'S EXEMPT FUNCTION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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

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.

Please Sign Here

Signature of officer: ***** Date: 2006-09-18

SUZANNE CARPENTER TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Robert F Watson Date: 2006-09-18 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: James Moore & CoPL
5931 NW 1 ST PLACE
Gainesville, FL 326072063

Preparer's SSN or PTIN (See Gen Inst W):
EIN:
Phone no: (352) 378-1331

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2005

Department of the
Treasury
Internal Revenue
Service

Name of the organization
FLORIDA FEDERATION OF MUSIC CLUBS INC

Employer identification number

23-7205938

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

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

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

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, include 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	No
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 property?	2a	No
b Lending of money or other extension of credit?	2b	No
c Furnishing of goods, services, or facilities?	2c	No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e Transfer of any part of its income or assets?	2e	No
3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	No
b Do you have a section 403(b) annuity plan for your employees?	3b	No
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
The organization is not a private foundation because it is (Please check only ONE applicable box)		
5 <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 Support Schedule 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 Support Schedule in Part IV-A)		
11b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule 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 Support Schedule 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	140	185	11,550	8,194	20,069	
16 Membership fees received	20,275	18,211	19,559	17,699	75,744	
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	84,597	72,625	72,319	76,456	305,997	
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	9,039	2,394	4,790	7,363	23,586	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
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					0	
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0	
23 Total of lines 15 through 22	114,051	93,415	108,218	109,712	425,396	
24 Line 23 minus line 17	29,454	20,790	35,899	33,256	119,399	
25 Enter 1% of line 23	1,141	934	1,082	1,097		
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b	0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c	
d Add Amounts from column (e) for lines	18	19			26d	
	22	26b			26e	
e Public support (line 26c minus line 26d total)					26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," 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					
	(2004)	(2003)	(2002)	(2001)		
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	(2004)	(2003)	(2002)	(2001)		
c Add Amounts from column (e) for lines	15	20,069	16	75,744	27c	401,810
	17	305,997	20	0	27d	
d Add Line 27a total	and line 27b total				27e	401,810
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	425,396
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	9445 55 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	554 45 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33 Does the organization discriminate by race in any way with respect to	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a Does the organization receive any financial aid or assistance from a governmental agency?	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.)
(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	41	
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 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
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

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

TY 2005 Cash Grants Paid Schedule

Name: FLORIDA FEDERATION OF MUSIC CLUBS INC

EIN: 23-7205938

Class of Activity	Recipient's name	Address	Amount	Relationship
FOUNDERS DAY	NATIONAL FEDERATION OF MUSIC CLUBS		195	NONE
JEANIE AWARDS	RUTH VAUGHN		1,500	NONE
JEANIE AWARDS	JENNIFER ANDERSON		750	NONE
JEANIE AWARDS	CATHERINE SPITZER		750	NONE
JEANIE AWARDS	STEPHANIE MARTINEZ		750	NONE
JEANIE AWARDS	MARISA RIVERA		750	NONE
JR COMPOSITION AWARD	MICHAEL REICHENBERG		35	NONE
JR COMPOSITION AWARD	BRANDON RICHMAN		25	NONE

Class of Activity	Recipient's name	Address	Amount	Relationship
JR COMPOSITION AWARD	KATHERINE KLEPPINGER		40	NONE
JR COMPOSITION AWARD	GABRIELLA CHOU		30	NONE
JR COMPOSITION AWARD	ALAN CLARK		45	NONE
JR COMPOSITION AWARD	HALEIGH PIKE		35	NONE
JR COMPOSITION AWARD	ALEXANDER SANCHO		50	NONE
JR COMPOSITION AWARD	EMILY ESPOSITO		40	NONE
ALL PERFORMANCE AWARD	PAISHAN NELSON HSEIH		700	NONE
FLORIDA MUSIC CAMP	DOROTHY FORTNER		400	NONE

Class of Activity	Recipient's name	Address	Amount	Relationship
GOLD CUP SENIOR CONCERTO	NINA YU		1,200	NONE
HYMN PLAYING	POLINA GUBNITSKAYIA		300	NONE
IRENE MUIR AWARD	JENNY E PARK		500	NONE
JR III-A PIANO CONCERTO	GABRIELLA CHOU		300	NONE
JR III-B PIANO CONCERTO	LUCY ZHONG		400	NONE
JR III-B PIANO CONCERTO	SONYA BELAYA		300	NONE
MUSICALLY OUTSTANDING VOICE	GIZELLE JIMENEZ		300	NONE
OUTSTANDING VIOLIST	DAVID DERRICO		300	NONE

Class of Activity	Recipient's name	Address	Amount	Relationship
PATRIOTICFOLKSONG	JENNA KING		300	NONE
PIANO SOLO MA I	JOYCE WANG		300	NONE
PIANO SOLO MA II	YOON WON CHUNG		400	NONE
SR PIANO CONCERTO	ALAN CLARK		500	NONE
SR PIANO CONCERTO	JAMES CHANG		400	NONE
SR VIOLIN CONCERTO	LYDIA PARK		400	NONE
VIOLIN SOLO ADV II	DAVID DERRICO		300	NONE
VIOLINCELLO	NICOLE CRAGIN		400	NONE

TY 2005 Gain/Loss from Sale of Public Securities Schedule**Name:** FLORIDA FEDERATION OF MUSIC CLUBS INC**EIN:** 23-7205938**Gross Sales Price:** 76,761**Basis:** 73,661**Sales Expenses:** 0**Total (net):** 3,100

TY 2005 Investments - Securities Schedule

Name: FLORIDA FEDERATION OF MUSIC CLUBS INC

EIN: 23-7205938

Description	Book Value	Cost/FMV
Securities and other investments	326,961	F

TY 2005 Officer Compensation Schedule

Name: FLORIDA FEDERATION OF MUSIC CLUBS INC

EIN: 23-7205938

CONNIE TUTTLE-LILL

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			1,907
Fundraising			

TY 2005 Other Changes in Net Assets Schedule**Name:** FLORIDA FEDERATION OF MUSIC CLUBS INC**EIN:** 23-7205938

Description	Amount
UNREALIZED GAIN ON VALUE OF SECURITIES	5,047

TY 2005 Self Dealing Statement**Name:** FLORIDA FEDERATION OF MUSIC CLUBS INC**EIN:** 23-7205938

Line Number	Explanation
2d	THE PRESIDENT IS GRANTED A TRAVEL ALLOWANCE OF \$3,000 OF WHICH \$1,907 WAS USED.

Additional Data**Software ID:****Software Version:****EIN:** 23-7205938**Name:** FLORIDA FEDERATION OF MUSIC CLUBS INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<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
a Junior Composition Expenses	43a	385	385		
b NFMC	43b	12,839	12,839		
c Jeanie Expenses	43c	3,444	3,444		
d Area Festival Expense	43d	6,271	6,271		
e Fall Workshop Expense	43e	1,606	1,606		
f Festival Cup Expense	43f	19,048	19,048		
g Jr State Convention Expenses	43g	26,959	26,959		
h PPA Expenses	43h	285	285		
i Sr State Convention Expense	43i	8,030	8,030		
j Bank Charges	43j	66		66	
k Insurance	43k	255		255	
l Corporation Fee	43l	10		10	
m Other	43m	97		97	
n Insignia Expenses	43n	123		123	
o Management Fee	43o	2,886		2,886	
p Website Expense	43p	1,074		1,074	

Additional Data

Software ID:

Software Version:

EIN: 23-7205938

Name: FLORIDA FEDERATION OF MUSIC CLUBS INC

Line 2d - Note on Compensation: SEE 990/990EZ