Form **990**

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)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCANNED WAR 0 6 2013

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Inten	nal Revenue	Service	The organization may have to use a copy of this return to satisfy state report	rting requireme	ents		Inspection					
A	For the 2	011 calend	dar year, or tax year beginning Jul 1 , 2011, and end	ing Jun	30		, 2012					
В	Check if app	hcable	C Name of organization WORLD MUSIC INSTITUTE INC		D Emptoy	er ident	ification Number					
	Addres	s change	Doing Business As		13-3	3323	045					
	Name	•		n/suite	E Telepho							
	Initial re	-	101 LAFAYETTE ST, 8/FL 80	1	(21)	2) 5	45-7536					
	H		City, town or country State ZIP code +		(81	-,	15 7550					
	Termin		NEW YORK NY 10013	,	G	4 .	\$1,045,612					
	=	ed return	F Name and address of principal officer	H(a) Is this a								
	Applica	ition pending		LI/E) Are elle			Yes Yes	X No				
. 			KAREN SANDER 101 LAFAYETTE ST NEW YORK NY 10013		attach a list (s		uctions)					
<u> </u>		npt status	X 501(c)(3)	-		_						
<u>J</u> _	Websit		w.worldmusicinstitute.org	H(c) Group of								
<u>K</u>		rganization	X Corporation Trust Association Other ► L Year of Form	ation 1985	Ms	tate of le	egal domicile NY					
Pa		<u>Summar</u>										
			·			- - -	A MEANS	_==-				
8			NICATE SOCIAL VALUES AND A MEASURE OF A SOCIE									
ğ			, WMI SEEKS TO EDUCATE, ENTERTAIN, AND PROVID				SHWENT. W	<u> </u>				
Governance			ARE INTENDED TO REINFORCE POWER OF EACH INDI					-				
é	_	eck this bo						•				
ಹ			ing members of the governing body (Part VI, line 1a)			3 4		<u>8</u> 8				
ies			of individuals employed in calendar year 2011 (Part V, line 2a) · · · · · ·			5		12				
Activities &			of individuals employed in calendal year 2011 (Part V, line 2a) · · · · · · · · · · · · · · · · · · ·			6		30				
AG			d business revenue from Part VIII, column (C), line 12			7 a		0.				
			business taxable income from Form 990-T, line 34			7 b						
\neg					rior Year		Current Ye					
	8 Co	ntahutione	and grants (Part VIII, line 1h)		558,5	83		852.				
ŝ			ce revenue (Part VIII, line 2g)		984,5			617.				
Revenue			come (Part VIII, column (A), linés 3, 4, and 7d)	. —	1,5			143.				
æ	11 Oth	er revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and /11e).			` 						
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,544,7	24.	1,045	612.				
			milar amounts paid (Part IX, column (A), lines 1-3)		, ,							
			to or for members (Part IX, column (A), line 4)									
		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
eg		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
ė.												
Expenses			ing expenses (Part IX, column (D), line 25) ► 63,575									
		•	es (Part IX, column (A), lines 11a-11d, 11f-24e)		,111,1			864.				
		•	s Add lines 13-17 (must equal Part IX, column (A), line 25)		,471,1		1,158,					
_	19 Re	venue less	expenses Subtract line 18 from line 12		73,5			248.				
10 00 10 00 10 00				Beginnin	g of Curren		End of Ye					
200		•	Part X, line 16)	•	405,9	$\overline{}$		234.				
Net Asset Fund Belar	21 Tot	al liabilities	(Part X, line 26)	•	76,5	88.	61,	131.				
			fund balances Subtract line 21 from line 20	<u>. </u>	329,3	51.	216	103.				
		Signatur										
Unde	r penalties o	f penury, I deci	are that I have examined his return, including accompanying schedules and statements, and to the larger than officer) is based on all information of which preparer has any knowledge	est of my knowl	edge and beli	ef, ít is tr	ue, correct, and					
		I. V	(Color Wall Miles y Color Col		0/	1						
		▶ <u>∧</u>		Da	17/	<u>*/</u>	/ \					
Sig	ın	Signatur	N F ILland at	Ua	le	/						
He	re	P	(AD)									
			print name and title				DTIN					
		1 " '	eparer's name Preparer's signature Date		Check X	ן "ע	PTIN					
Pai		WILLIA		/13	self-employe	d	P00012168					
	parer	Firm's name	► William Tam CPA									
Us	e Only	Firm's addres	ss 132 Nassau Street		Firm's EIN	<u>► 13</u>	-4041440					
			New York NY 10038		Phone no	(212	2) 227-116	0				
Mav	the IRS	discuss this	return with the preparer shown above? (see instructions)				. X Yes	No				

Form 990 (2011)

Form	990 (2011) WORLD MUSIC INSTITUTE INC	13-3323045	Page 2
Par	☆川麗 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		\square
1	Briefly describe the organization's mission		
	MUSIC AND DANCE ARE BOTH A MEANS TO COMMUNICATE SOCIAL VALUES A	ND A MEASURE	
	OF A SOCIETY'S ASPIRATIONS. THROUGH ITS CONCERTS WMI SEEKS TO E	- 	IN.
	See Form 990, Page 2, Part III, Line 1 (continued)		
	2001 0111 0001 030 17 17 11 11 11 10 10 10 10 10 10 10 10 10 10		
- 2	Did the organization undertake any significant program services during the year which were not listed on the	e prior	
-	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O	163	<u> </u>
,	Did the organization cease conducting, or make significant changes in how it conducts, any program services	es? Yes	X No
3		.э <u>П</u> 1ез	NO NO
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	nt of grants and allocation	es s to
	others, the total expenses, and revenue, if any, for each program service reported	3	
4 a	(Code:) (Expenses \$ 837,908. including grants of \$ 0.)	(Revenue \$ 49	1,617.)
	THE COMPANY PRESENTS A FULL SEASON OF CONCERTS EACH YEAR IN NEW	-	
	AND ARRANGES NATIONAL TOURS BY VISITING MUSICIANS FROM ABROAD A		
	AS US-BASED ARTISTS. IT WORKS EXTENSIVELY WITH COMMUNITY GROUPS		
	ORGANIZATIONS INCLUDING, INDIAN, CHINESE, KOREAN, MIDDLE EASTER	- 	
	LATIN AMERICAN, HUNGARIAN, IRISH AND CENTRAL ASIAN.		
		·	-
			-
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		· 	
4 b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
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		. <b></b>	
4 c	(Code ) (Expenses \$ including grants of \$ )	(Revenue \$	
	/Lipsings	(, , , , , , , , , , , , , , , , , , ,	
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		·	<b>~-</b>
	~		
		·	<del></del> <del>-</del>
4 d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue S	}	
	Total program service expenses ► 837,908.		000 (00)
BAA	TEEA0102 07/05/11	For	m <b>990</b> (2011)

ВАА

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х . . . . . . . . . Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . . . . 2 3 3 Х 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total 11 b X 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional..... 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . 13 Х 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b X 15 Х 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . . 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, complete Schedule G, Part III. 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20 Х 20 b

BAA

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. 26 X 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 33 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 35a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . 35b Х 36 Х 37 Х 38 38

Form **990** (2011)

Form 990 (2011) WORLD MUSIC INSTITUTE INC 13-332304:  Part V   Statements Regarding Other IRS Filings and Tax Compliance	5	P	age
Check if Schedule O contains a response to any question in this Part V			
Check it Schedule O Corkains a response to any question in this rait V	· · · ·	Yes	No.
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		.00	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
between the number of terms to be a superior			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a 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)?	4 a		<u>X</u>
b If 'Yes,' enter the name of the foreign country.			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a	Х	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
Form 8282?	70		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	7 f		<u>^</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-/1		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		Х
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10 Section 501(c)(7) organizations. Enter.			
a initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
an real man a man a resident and a selection of the selec			

Forn	n 990 (2011) WORLD MUSIC INSTITUTE INC 13-3323045		Р	Page 6
_	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	, 201		
rai	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	r, and n	1 101	
	Schedule O. See instructions.	• •		
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
4.	a Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members			
	of the governing body, or if the governing body delegated broad			
	authority to an executive committee or similar committee, explain in Schedule O			
ı	b Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents			
•	since the prior Form 990 was filed?	4		x
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
5		6		<del>                                     </del>
6	Did the organization have members or stockholders?	•		X
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
	h Are any governance decisions of the organization reserved to (or subject to approval by) members			
_	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
ı	b Each committee with authority to act on behalf of the governing body?	8ь	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
-			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
44.	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	• • •	ma	_X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
ı	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this is done	12 c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	a The organization's CEO, Executive Director, or top management official	15 a	x	
	b Other officers of key employees of the organization	15 b	X	
'		130	_	-
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
•	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	46:		ł
	organization's exempt status with respect to such arrangements?	16 b		<u> </u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   New York			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply	for pu	blic	
	Own website X Upon request			
40	and the second statement and the second statem			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year.	le to		

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors** 

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	andividual forstee or director	ากรับไปเรียกราช โดยรไม่ย	Offi-er	Kej amployee	High est connocensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) PAUL PALMER CHAIRMAN	1.50	х		x				0.	0.	0.	
(2) ZETTE EMMONS	1										
SECRETARY	1.50	х		х				0.	0.	0.	
(3) ROBERT BROWNING											
DIRECTOR	3.80	Х						21,134.	0.	0.	
(4) ANDREW FAULKNER											
DIRECTOR	1.50	X					<u> </u>	0.	0.	0.	
_(5) NANCY HAGER	_										
DIRECTOR	1.50	Х					<u> </u>	0.	0.	0.	
_(6)_DAISY_PARADIS											
DIRECTOR	1.50	X			$oxed{igspace}$	L	<u> </u>	0.	0.	0.	
_(7)_SANDHYA_MALHOTRA											
DIRECTOR	1.50	Х						0.	0.	0.	
_(8)_RAJIKA_PURI	_							_	_	_	
DIRECTOR	1.50	X					_	0.	0.	0.	
_(9)_KAMAKSHI_RAO											
DIRECTOR	1.50	Х			$\vdash$			0.	0.	0.	
(10) KAREN SANDER				٠,				03.010	0	•	
EXECUTIVE DIRECTOR	40.00			X			$\vdash$	83,010.	0.	0.	
(11)											
(12)											
(13)			_								
(14)											

Part VII Section A. Officers, Directors, Trustees,				nplo	oye	es,	an	d Highest Con	ployees (cont)			
				•	<b>&gt;</b> )							
(A) Name and title	(B) Average		not c		more			(D) Reportable	(E) Reportable	Es	(F) stimated	
Name and title	hours	offi	cer an	nd a d	irecto	r/trust	ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations	amou	int of oth pensation	
	week (describ e hours for related organi- zations	ndivi	Institutional trustee	Officer	Keye	Highest compensatemployee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org	om the anization d related	ı
	hours for	ector	tona	14	employee	st co	] ^{rg}				inizations	
	related organi-	ruste	il trus		yee	mpen						
	Sch O)	, e	tee			sated						
	,					_				ļ		
<u>(15)</u>												
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(21)												
(22)					$\vdash$	┝	┝					
(22)					_							
(23)												
(24)			_	—	-	-	$\vdash$					
(25)												
1 b Sub-total	l				<u> </u>	L	<u> </u>	104,144.	0.			0.
c Total from continuation sheets to Part VII, Section							•					
d Total (add lines 1b and 1c)							<b>&gt;</b>	104,144.	0.			0.
2 Total number of individuals (including but not limited to	those	listed	abo	ove)	who	rec	eive	d more than \$100,0	000 of reportable co	mpensat	ion	
from the organization											Yes	No
3 Did the organization list any former officer, director or	trustee	, key	emp	oloye	ee, c	or hig	hes	t compensated em	ployee			
on line 1a? If 'Yes,' complete Schedule J for such indiv									·	. 3		Х
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	able co	mpe	nsat	ion a	and	othe	r co	mpensation from				
such individual	• • •		٠.	٠.	• •	• •				. 4		Х
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' com	pensati	on fr	om a	any i	unre	late	d org	ganization or individ	lual	. 5		X
Section B. Independent Contractors												
Complete this table for your five highest compensated compensation from the organization. Report compensation.	indepe	nden the	t cor cale	ntrac nda	ctors r yea	that ar er	t rec	eived more than \$1 I with or within the	100,000 of organization's tax ye	аг		
(A)					•			(B)		(0		
Name and business address	D.77		3732	, .		2.5	Description		Compe			
ERWIN FRANKEL 600 W. 111TH ST., #16E NE	W YO	KK		NY		L00	25	ADVERTISING	<del>-</del>		29,0	65.
· · · · · · · · · · · · · · · · · · ·												
2 Total number of independent contractors (including but	t not lim	nted	to th	ose	liste	ed at	ove	) who received mo	re than			
\$100,000 in compensation from the organization >	1											

Par	t VIII   Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b 33,150. c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 203,445.  f All other contributions, gifts, grants, and similar amounts not included above 1 f 317,257. g Noncash contributions included in Ins 1a-1f. \$				
용취	h Total. Add lines 1a-1f	553,852.			
ш	Business Code				
PROGRAM SERVICE REVENUE	2a CONCERTS 711130 b 711130	491,617.	491,617.	0.	0.
SERVICE	cd				
¥	e				
5	f All other program service revenue				
윤	g Total. Add lines 2a-2f	491,617.			
	3 Investment income (including dividends, interest and other similar amounts)	143.	0.	0.	143.
			-	······································	
	5 Royalties				
	b Less rental expenses .				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	į			
	c Gain or (loss)				
- 1	d Net gain or (loss)				
ξΩ.Ε	8 a Gross income from fundraising events (not including. \$			-	
REVENUE	of contributions reported on line 1c) See Part IV, line 18 a				
ОТНЕВ	b Less direct expenses b	i		•	
6				<del></del>	<del>-</del>
	c Net income or (loss) from fundraising events				
	b Less direct expenses b	•			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶			<del> </del>	
	Miscellaneous Revenue Business Code				
	11a				
	b			·-	
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue See instructions	1 045 612	491.617.	0.	143.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a re	sponse to any question i	n this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,000.	10,000.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	378,737.	211,141.	121,082.	46,514.
Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	58,527.	33,296.	18,231.	7,000.
10 Payroll taxes	33,732.	19,190.	10,508.	4,034.
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	10,000.	0.	10,000.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f investment management fees			0.514	1 000
g Other	18,946.	8,432.	9,514.	1,000.
12 Advertising and promotion		58,242.		0.
13 Office expenses		0.	9,117.	0.
14 Information technology				
15 Royalties	35,000.	0.	35,000.	0.
16 Occupancy	46,140.	44,330.	1,810.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	10,110.	11,330.	1,010.	<u> </u>
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,799.	3,400.	399.	0.
23 Insurance	15,991.	9,565.	6,426.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a ARTISTS' FEES	204,250.	204,250.	0.	0.
b PRINTING	42,269.	42,269.	0.	0.
c THEATRE RENTAL	66,158.	66,158.	0.	0.
d PRODUCTION COSTS	62,506.	62,506.	0.	0.
e All other expenses	105,446.	65,129.	35,290.	5,027.
25 Total functional expenses. Add lines 1 through 24e	1,158,860.	837,908.	257,377.	63,575.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► if following				
SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet (A) Beginning of year End of year 357,960 1 184,097. 2 2 3 61,150. 23,333 3 4 Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees Complete Part II of Schedule L . . . . Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary 6 7 <u>6,217.</u> 5,194. 8 2,830. 9 12,993. 10 a 160,509. 153,709. 10,599 10 c 6,800. 10 b **b** Less accumulated depreciation . . . . . . . . . . . . . 11 11 12 13 Investments - program-related See Part IV, line 11 . . . 13 14 14 15 5,000. 7,000. 15 405,939. 16 277,234. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . 22,588. 17 11,555. 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . . 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 50,000 23 49,576. 23 4,000. 24 0. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. . . . 25 76,588. 61,131. Total liabilities. Add lines 17 through 25.......... 26 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29 and lines 33 and 34. 201,851 27 141,353. 27 Unrestricted net assets............. 127,500 28 74,750. 28 29 29 R Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. FUND 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . . . . 32 216,103. 329,351 33 33 277,234. 405,939. 34 34 

BAA Form 990 (2011)

Form	990 (2011) WORLD MUSIC INSTITUTE INC 13-3323045	Pa	age <b>12</b>							
Par	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	$\cdot \square$							
1		1,045,6	<u>512.</u>							
2	Total expenses (must equal Part IX, column (A), line 25)	1,158,8	360.							
3	3 Revenue less expenses Subtract line 2 from line 1									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Other changes in net assets or fund balances (explain in Schedule O)									
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,									
	column (B))	216,	103.							
Par	t XII Financial Statements and Reporting		_							
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	₊Щ							
		Yes	No							
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	ľ								
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain									
	ın Schedule O									
	Nere the organization's financial statements compiled or reviewed by an independent accountant?	2 a	X							
t	Were the organization's financial statements audited by an independent accountant?	2b X								
	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
	review, or compilation of its financial statements and selection of an independent accountant?	2c X	<u></u>							
	If the organization changed either its oversight process or selection process during the tax year, explain		1 1							
	ın Schedule O									
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both									
	X Separate basis Consolidated basis Both consolidated and separate basis									
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single									
	Audit Act and OMB Circular A-133?	3 a	X							
Ł	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b								
BAA		Form <b>990</b>	(2011)							

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

WOR	LD	MUSIC INSTITU	TE INC						13-33	323045	5		
Par	t i	Reason for Publ	ic Charity Status	(All organizations n	nust co	mplete	this p	art.) S	ee inst	ruction	S.		
The c	rgar	nization is not a private	foundation because it	is (For lines 1 through 1	1, check	only on	e box)						
1		A church, convention	of churches or associa	tion of churches describe	ed in sec	tion 170	D(b)(1)(A	\)(i).					
2		A school described in	section 170(b)(1)(A)(i	il). (Attach Schedule E)									
3			•	organization described in									
4	$\sqcup$	A medical research or	ganization operated in	conjunction with a hospi	tal desci	ribed in s	section	170(b)(1	)(A)(iil)	Enter th	e hospital's		
_		name, city, and state	. TEST COM	college or university own	.=								
5		170(b)(1)(A)(iv). (Cor	mplete Part II)	•					ai unit d	escribea	in section		
6 7	X	An organization that n		emmental unit described estantial part of its suppor II)					m the ge	eneral pu	blic describe	ed	
8				(b)(1)(A)(vi). (Complete i	Part II)								
9		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 exempt 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). (Complete Part III)											
10				lusively to test for public									
11		more publicly supporte	ed organizations descr	lusively for the benefit of ibed in section 509(a)(1) n and complete lines 11e	or section	on 509(a	unctions )(2) See	of, or c e <b>sectio</b>	arry out n 509(a)	the purpe (3). Che	oses of one eck the box t	or hat	
		a Type I	<b>b</b> ☐ Type II	c 🗌 Type III	- Funct	tionally ii	ntegrate	d		d 🗌	Type III –	Other	•
е		By checking this box, other than foundation section 509(a)(2)	I certify that the organi managers and other th	zation is not controlled di nan one or more publicly	rectly or supporte	indirecti d organ	ly by one izations	or more describe	e disqua ed in sec	ilified per ition 509	rsons (a)(1) or		
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box												
g		Since August 17, 2006	6, has the organization	accepted any gift or cor	ntributior	n from ar	ny of the	tollowin	g persor	ารว	Г		
		(i) A person who di	rectly or indirectly controlled	trols, either alone or toge orted organization?	ther with	person	s describ	ed in (ii	) and (III	)	. 11 g (i)	Yes	No_
				d in (i) above?							11 g (ii)		
				scribed in (i) or (ii) above							. 11 g (iii)		
h				supported organization(s)									
		(I) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	your go	ation in i) listed in	(v) Did y the organ colum your su	n (i) of 📑	(vi) li organiz colur organizi U S	ation in nn (i) ed in the	(vil) Amount	l of supp	part
					Yes	No	Yes	No	Yes	No			
A)											<u>.</u>		
<u>B)</u>					ļ								
C)													
D)													
E)	-								-				
[otal										<u> </u>			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	902,074.	1,475,102.	636,247.	606,583.	666,547.	4,286,553.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	902,074.	1,475,102.	636,247.	606,583.	666,547.	4,286,553.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				-		559,223.
6	Public support. Subtract line 5 from line 4					, ,	3,727,330.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(ь) 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
7	Amounts from line 4	902,074.	1,475,102.	636,247.	606,583.	666,547.	4,286,553.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,574.	143.	1,717.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. Add lines 7 through 10	_ ,					4,288,270.
12	Gross receipts from related activiti	es, etc (see instru	ctions)	<i>.</i>		12	
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ ∏
	tion C. Computation of Pu						06.00.00
	Public support percentage for 201 Public support percentage from 20						86.92 <b>%</b> 87.28 %
15	Public support percentage from 20 33-1/3% support test — 2011. If t					<del></del>	his box
	and stop here. The organization of	qualifies as a public	cly supported organ	nization			► X
ı	33-1/3% support test — 2010. If t and stop here. The organization of	he organization did qualifies as a public	d not check a box o cly supported organ	n line 13 or 16a, a lization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization more the organization meets the 'facts-a	eets the 'facts-and	-circumstances' tes	t, check this box a	nd <b>stop here. E</b> xp	lain in Part IV how	_
ı	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes t The organization	t, check this box a qualifies as a publ	nd <b>stop here.</b> Exp licly supported org	lain in Part IV how anization	the □
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or 1			
BAA					S	chedule A (Form 9	990 or 990-EZ) 2011

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support						
Caten	dar year (or fiscal yr beginning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> <b>5</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		-				
	tion B. Total Support			r	<del></del>	,	1
Calen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6				<u></u>		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					,	
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here		third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ □
	tion C. Computation of Pu					<del></del>	
15	Public support percentage for 201	1 (line 8, column (f	) divided by line 13	3, column (f))		· • • • • • • <u>   </u>	15 %
	Public support percentage from 20				· · · · <u>· · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · ·	16 8
Sec	tion D. Computation of Inv					ı	1
17	Investment income percentage for						17 %
18	Investment income percentage fro						18 8
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check the	his box and <b>stop h</b>	ere. The organizat	tion qualifies as a	publicly supported	organization .	<b>-</b> 📙
	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%,	check this box and	stop here. The or	rganization qualifie	es as a publicly sup	ported organiz	ation▶ []
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, of 19b, check	k this box and see	instructions	

Schedule A	(Form 990 or 990-E	Z) 2011 WORL	D MUSIC INS	TITUTE INC		13-3323045	Page 4
Part IV	Supplemental Part II, line 17a (See instruction	Information. Co	omplete this pa t III, line 12. Al	rt to provide the so complete thi	e explanations req s part for any addi	uired by Part II, line 10; tional information.	· · · · · · · · · · · · · · · · · · ·
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

Openito Rubile Inspection

Name of the organization

Employer Identification number

WOR	LD MUSIC INSTITUTE INC		13-3323045					
Par	art I# Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if							
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	·					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	····································						
2	Aggregate contributions to (during year)							
_	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year	<del></del>						
5	Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the purpose conferring impermissible private benefit	benefit of the donor or donor advisor, or for a	ny other Yes No					
Par	t II   Conservation Easements. Compl	ete if the organization answered 'Yes	3' to Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by t	he organization (check all that apply)						
	Preservation of land for public use (e.g., rec	reation or education) Preservation	on of an historically important land area					
	Protection of natural habitat	Preservation	on of a certified historic structure					
	Preservation of open space	_						
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in the	e form of a conservation easement on the					
	last day of the tax year							
			Held at the End of the Tax Year					
	Total number of conservation easements							
ŧ	Total acreage restricted by conservation easeme	ents	2b					
c	Number of conservation easements on a certifie	d historic structure included in (a)	2c					
c	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a historic	2 <b>2 d</b>					
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished, or terminate	d by the organization during the					
4	Number of states where property subject to cons	servation easement is located >						
5	Does the organization have a written policy rega and enforcement of the conservation easements	rding the periodic monitoring, inspection, hand it holds?	Iling of violations,					
6	Staff and volunteer hours devoted to monitoring.	inspecting, and enforcing conservation easen	nents during the year					
7	Amount of expenses incurred in monitoring, insp ▶ \$	ecting, and enforcing conservation easements	during the year					
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	tion · · · · · · · No					
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote to t conservation easements	ts conservation easements in its revenue and	expense statement, and balance sheet, and					
Par	t III Organizations Maintaining Colle	ections of Art, Historical Treasures ered 'Yes' to Form 990, Part IV, line	, or Other Similar Assets. 8.					
1 a	If the organization elected, as permitted under S art, historical treasures, or other similar assets h in Part XIV, the text of the footnote to its financial	eld for public exhibition, education, or researci	n in furtherance of public service, provide,					
t	If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or research in	furtherance of public service, provide the					
			<u>*</u> \$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other similar assets for 6 (ASC 958) relating to these items	financial gain, provide the following					
a	Revenues included in Form 990, Part VIII, line 1		<u>*</u> \$					
	Access included in Form 000, Bort V		<b>▶</b> ¢					

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (co	<u>ontinu</u>	ed)
3 Using the organization's acquisition, accession, items (check all that apply).	and other records, check	any of the following that	are a significant use of it	s collecte	on	
a Public exhibition	d Loan	or exchange programs				
b Scholarly research	e 🔲 Other					
c Preservation for future generations						
Provide a description of the organization's collect Part XIV	tions and explain how the	ey further the organization	n's exempt purpose in			
5 During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	maintained as part of the	e organization's collection	<u> 12 </u>			No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	nents. Complete if the form 990, Part X, line	he organization ansv e 21.	wered 'Yes' to Form	990, P	art IV	,
1 a Is the organization an agent, trustee, custodian, included on Form 990, Part X?			sets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIV and	complete the following ta	ible				
				Amount		
c Beginning balance			. 1c			
d Additions during the year						
e Distributions during the year			. 1e			
f Ending balance			. 1f			
2 a Did the organization include an amount on Form	990, Part X, line 21? .			Yes		No
b If 'Yes,' explain the arrangement in Part XIV						
Part V Endowment Funds. Complete if the	ne organization ansv	vered 'Yes' to Form	990, Part IV, line 10	).		
(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the current	year end balance (line 1g	, column (a)) held as		•		
a Board designated or quasi-endowment ►	ક	. , ,,				
b Permanent endowment ► %						
c Temporarily restricted endowment	8					
The percentages in lines 2a, 2b, and 2c should e	qual 100%					
3 a Are there endowment funds not in the possessio	n of the organization that	are held and administers	nd for the			
organization by:	iroi ille organization illat	are new and administere	su ioi trie	Г	Yes	No
(i) unrelated organizations				. 3a(i)		
(ii) related organizations				. 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations list	ed as required on Schedu	ule R?		. 3b		
4 Describe in Part XIV the intended uses of the org	anization's endowment f	unds				
Part VI Land, Buildings, and Equipment	. See Form 990, Pa	rt X, line 10.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook va	lue
1 a Land						
<b>b</b> Buildings						
c Leasehold improvements						
d Equipment		90,358.	83,558.		6,	800.
e Other		70,151.	70,151.			0.
Total. Add lines 1a through 1e (Column (d) must equa		mn (B), line 10(c))	<b>&gt;</b>		6,	800.
BAA				dule D (F		

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,045,612   1,0		edule D (Form 990) 2011 WORLD MUSIC INSTITUTE INC	13-3323045	Page 4
2 Total expenses (Form 990, Part IX, column (A), Ine 25)	Pai			
3 Excess or (deficit) for the year Subtract line 2 from line 1	1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,045,612.
3 Excess or (deficit) for the year Subtract line 2 from ine 1	2	Total expenses (Form 990, Part IX, column (A), line 25)		1,158,860.
4 Net unrealized gams (losses) on investments 5 5 Donated services and use of facilities. 6 Investment expenses. 7 Prop period sejus/invents. 9 Total adjustments (refly Add lines 4 through 8 9 Total adjustments (refly Add lines 4 through 8 10 Excess or (deficility for the year producted financial statements Combine lines 3 and 9 10 Excess or (deficility for the year producted financial statements With Revenue per Return 1 Total revenue, gans, and other support per audictid financial statements with Revenue per Return 2 Amounts included on the 1 but not on Form 990, Part VIII, line 12 a Not unrealized gams on investments. 5 Donated services and use of facilities. 6 Recovered for priny year grants. 6 Donated services and use of facilities. 7 Expenses of priny year grants. 8 Substract line 2 from line 1 8 Investment expenses not included on Form 990, Part VIII, line 7b. 9 Add lines 2a through 2d 9 Anounts included on Form 990, Part VIII, line 7b. 9 Cadd lines 4 and 4b 9 Total expenses and losses per audited financial statements. 9 Anounts included on Form 990, Part VIII, line 7b. 1 Total expenses and losses per audited financial statements. 9 Anounts included on Form 990, Part VIII, line 7b. 1 Total expenses and losses per audited financial statements. 9 Anounts included on Form 990, Part VIII, line 7b. 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Depart VIII (Reconcilitation of Expenses per Martine Part VIII) Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Depart VIII (Part VIII) Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Depart VIII (Part VIII) Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Depart VIII (Part VIII) Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Depart VIII (Part VIII) Expenses per Return 2 Depart VIII (Part VIII) Expenses per Return 3 Depart VIII (Part VIII) Expenses p	3	Excess or (deficit) for the year Subtract line 2 from line 1		
5 Donaled services and use of facilities 6 Investment expanses 7 Proor penod adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (reful) Add lines 4 through 8 10 Excess or (defical) for the year per audited financial statements Combine times 3 and 9113, 248. [Part XIII (Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gams, and other support per audited financial statements 1	4	· · · · · · · · · · · · · · · · · · ·		
6 Investment expanses. 7 Peor pends adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficient) for the year producted financial statements. 1 Control (Describe in Part XIV) 2 Amounts included on ine 1 but not on Form 990, Part VIII, line 12 3 Anounts included on time 1 but not on Form 990, Part VIII, line 70 4 Amounts included on time 1 but not on Form 990, Part VIII, line 70 5 Subtract line 2a from line 1 4 Amounts included on Form 990, Part VIII, line 70 5 Total expenses professes and included on Form 990, Part VIII, line 70 6 Southeast line 2a from line 1 6 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 25) 2 Amounts included on line 1 and on Form 990, Part XIII, line 70 6 Total levenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 2 Amounts included on line 1 and ton on Form 990, Part XIII, line 70 6 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 and ton on Form 990, Part XII, line 25 6 Defice (Describe in Part XIV) 7 Coller (Describe in Part XIV) 8 Defice (Describe in Part XIV) 8 Defice (Describe in Part XIV) 9 Defice (				
7 Prot period adjustments   8   6   10hr (Describe in Part XIV)   9 Total adjustments (net) Add lines 4 through 8   -113, 248   Part XIII (Reconciliation of Revenue per Audited Financial Statements With Revenue per Return   1 Total revenue, gains, and other support per audited financial statements With Revenue per Return   1 Total revenue, gains, and other support per audited financial statements With Revenue per Return   1 Total revenue, gains, and other support per audited financial statements   2 a   1 1, 158, 307.   2 a   112, 695.   2 b   112, 695.   2 b   112, 695.   2 c   2 b   10   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2 c   2	_			
8 Other (Describe in Part XIV )	_	·		
9 Total adjustments (nel). Add lines 4 through 8  10 Excess or (defot) for the year per audited financial statements. Combine lines 3 and 9  -113, 248.    Part XIII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements.  1 1,158,307. 2 Annouris included on line 1 but not on Form 990, Part VIII, ine 12 a Net unrealized gains on investments. 2 b		· · ·		
10   Excess or (deficitly for the year per audited financial Statements With Revenue per Return	_			
Part XII   Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements		· · · · · · · · · · · · · · · · · · ·		
1   Total revenue, gains, and other support per audited financial statements   1   1,158,307.				-113,248.
2 a Noturis included on line 1 but not on Form 990, Part VIII, line 12 a Not unrealized gains on investments				
a Net unrealized gams on investments	1		. 1	<u>1,158,307.</u>
b Donated services and use of facilities	_			
C Recovenes of prior year grants   2 c   d Other (Describe in Part XIV)   2 d   3 d   4   4   4   4   4   4   4   4   4	a			
d Other (Describe in Part XIV )			5.	
a Subtract line 2a from line 1	C	Recoveries of prior year grants		
3 Subtract line 2e from line 1	c	I Other (Describe in Part XIV )		
3 Subtract line 2e from line 1	e	Add lines 2a through 2d	2е	112,695.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV) c Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total expenses and losses per audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited Financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 b	3	Subtract line 2e from line 1	3	
a investment expenses not included on Form 990, Part VIII, line 7b. 4a	4	1 1		
b Other (Describe in Part XIV )	-			
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  5 1, 045, 612.  Part XIII   Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements.  1 1, 271, 555.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities.  2 a 112, 695. b Prior year adjustments.  2 a 112, 695. c Other losses  4 a 112, 695. d Other (Describe in Part XIV) e Add lines 2a through 2d 2 a 112, 695. 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 a 14 b 4 b 4 c 4 c 5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 6 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 7 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 8 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 8 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 9 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 9 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 9 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 9 Total expenses Add lines 3 and 4c. (This must			<del> </del>	
S Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements	_		· I—	
1 Total expenses and losses per audited financial statements				1,045,612.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIV) e Add lines 2a through 2d e Add lines 2a through 2d e Add lines 2a through 2d d Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b f Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18) 5 Total expenses Add lin				
a Donated services and use of facilities.  b Prior year adjustments  c Other Josses  d Other (Describe in Part XIV)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IXI, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  c Add lines 4a and 4b  c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Part X, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Pt X FIN 48 FINANCIAL STATEMENT FOOTNOTE:  ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED  STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE			· ·   _1	1,271,555.
b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line 18 and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  Pt X FIN 48 FINANCIAL STATEMENT FOOTNOTE:  ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED  STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE			_	
c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d . 2e 112,695. 3 Subtract line 2e from line 1			<u>5.</u>	
d Other (Describe in Parl XIV )			_	
e Add lines 2a through 2d	C			
3 Subtract line 2e from line 1				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 1, 158, 860.  Part XIIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 8; Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Pt X FIN 48 FINANCIAL STATEMENT FOOTNOTE:  ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED  STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE	е	· · · · · · · · · · · · · · · · · · ·	<u> </u>	112,695.
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,158,860.
b Other (Describe in Part XIV ) c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part XI, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Pt X  FIN 48 FINANCIAL STATEMENT FOOTNOTE:  ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED  STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  5 1, 158, 860.  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Pt X FIN 48 FINANCIAL STATEMENT FOOTNOTE:  ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED  STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE	а	Investment expenses not included on Form 990, Part VIII, line 7b		
THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE  1, 158,860.  5 1,158,860.  5 1,158,860.  5 1,158,860.  5 1,158,860.  5 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6 1,158,860.  6	b	Other (Describe in Part XIV )		
Part XIV   Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XII, line 8; Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Pt X	C	Add lines 4a and 4b	4c	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.  Pt X	5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,158,860.
Pt X FIN 48 FINANCIAL STATEMENT FOOTNOTE:  ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED  STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE	Par	t XIV   Supplemental Information		
STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUATE  ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE	any a	additional information.	s 1b and 2b; part to provide	
ALL SIGNIFICANT TAX POSITIONS. THE ORGANIZATION DOES NOT  BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE		ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNI	red	
BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE  THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE		STATES OF AMERICA REQUIRE THE ORGANIZATION TO EVALUA	ATE	<b></b>
THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE			<b></b>	
		<del></del>		

Schedule D (Form 990) 2011 WORLD MUSIC INSTITUTE INC	13-3323045	Page 5
Part XIV: Supplemental Information (continued)		
BE RECORDED AT JUNE 30, 2012. THE ORGANIZATION'	S TAX	
RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUT	HORITIES	
FOR A PERIOD OF THREE YEARS FROM THE DATE OF THE	IR FILING.	<b>-</b> -
AS OF JUNE 30, 2012, ALL FEDERAL TAX RETURNS FROM	M 2009 FORWARD	
ARE OPEN TO EXAMINATION.		
		<b></b> .
		<del></del> .
		<b></b>

### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WORLD MUSIC INSTITUTE INC

Employer identification number

13-3323045

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	od of d contrib	letermin	ing mounts
1	Art — Works of art							
2	Art - Historical treasures							
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes				İ			
8	Intellectual property		· · · · · ·	1				
9	Securities – Publicly traded							
10	Securities — Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities – Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles				-			
19	Food inventory		,					
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other <b>&gt;</b> ()			i				
26	Other ► ()				ł			
27	Other ► ()							
28	Other ► ( )		_					
29	Number of Forms 8283 received by the organization	during the ta	x vear for contributions	for which the				
23	organization completed Form 8283, Part IV, Donee A				29			
							Yes	No
	<b>8</b> 1 11 1 11 11 11 11 11 11 11 11 11 11 1	L L		. I. I 4 00 4b-44		i		
30a	During the year, did the organization receive by conthold for at least three years from the date of the initial purposes for the entire holding period?	al contribution	n, and which is not requi	red to be used for exemp	ot j	30 a		Х
b	If 'Yes,' describe the arrangement in Part II							
31	Does the organization have a gift acceptance policy	that requires	the review of any non-s	tandard contributions? .		31		X
32a	Does the organization hire or use third parties or relational contributions?	ited organiza	tions to solicit, process,	or sell		32 a		_ x
	If 'Yes,' describe in Part II							
33	If the organization did not report an amount in column	n (c) for a typ	e of property for which	column (a) is checked,				
	describe in Part II							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2011

Part II	Supplemental Information. Comp and 33, and whether the organization number of items received, or a com	on is reporting in Part I,	column (b), the number	of contributions, the
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13-3323045

Schedule M (Form 990) 2011

Page 2

Schedule M (Form 990) 2011 WORLD MUSIC INSTITUTE INC

BAA

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Pattach to Form 990 or 990-EZ.

Employer identification number Name of the omanization 13-3323045 WORLD MUSIC INSTITUTE INC Pt VI, Line 11a FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND PROVIDED TO THE BOARD FOR FINAL REVIEW AND APPROVAL BEFORE BEING FILED. Pt VI, Line 19 __ FINANCIAL REPORTS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. Pt VI, Line 12c ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTERESTS. ALL DISCLOSURES OF INTERESTS ARE COMPILED AND REPORTED BY MANAGEMENT TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE SHALL DETERMINE IF THE RESPONSES TO QUESTIONNAIRES ARE APPROPRIATE. Pt VI, Line 15 __ THE BOARD DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES BASED UPON INDEPENDENT STUDIES AND COMPARISON WITH INDUSTRY PEERS.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission

AND PROVIDE SPIRITUAL NOURISHMENT. WMI'S PROGRAMS ARE INTENDED TO REINFORCE

POWER OF EACH INDIVIDUAL CULTURE.

# (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		► File a sep	arate appli	cation for each return.				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
				complete only Part II (on page 2 of this				
Do not comp	lete Part II un	<i>less</i> you have already been granted	an automa	tic 3-month extension on a previously file	ed For	m 886	i8.	
corporation request an ex Associated W	equired to file stension of time with Certain Pe	Form 990-T), or an additional (not a e to file any of the forms listed in P	automatic) 3 art I or Part st be sent to	a 3-month automatic extension of time to 3-month extension of time. You can elect till with the exception of Form 8870, Infor to the IRS in paper format (see instruction Charities & Nonprofits.	ronica matio	illy file n Reti	e Form 8 urn for T	3868 to Fransfers
Part la Au	utomatic 3-	Month Extension of Time. O	nly subm	nt original (no copies needed).				
				nonth extension - check this box and coi	mplete	Part	I only	▶ 🗌
All other corp income tax re		ıdıng 1120-C filers), partnerships, F	REMICS, an	d trusts must use Form 7004 to request a				
	Name of exempt	organization or other filer, see instructions	-		<del></del> -			number (EIN) or
Type or								
print	WORLD MU	SIC INSTITUTE INC			X	X 13-3323045		
File by the due date for	Number, street, a	and room or suite number. If a P O box, see in	structions			Social s	ecurity nur	mber (SSN)
filing your return See	101 LAFA	YETTE ST, 8/FL, #801						
instructions		t office, state, and ZIP code. For a foreign additional	ress, see instru	ctions				
	NEW YORK				]	NY	1001	<u>.3</u>
Enter the Rel	urn code for t	ne return that this application is for	(file a sepa	rate application for each return)				01
Application Is For			Return Code	Application Is For				Return Code
Form 990			01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				08
Form 990-EZ			01	Form 4720				09
Form 990-PF			04	Form 5227				10
Form 990-T (	section 401(a)	or 408(a) trust)	05	Form 6069				11
Form 990-T (	trust other tha	n above)	06	Form 8870				12
Telephon  If the org  If this is for the check this the extension	e No. \( \sum_(212) anization does for a Group Re s box \( \sum_{\text{sign}} \)	If it is for part of the group, ch	ness in the ligit Group E neck this bo	Exemption Number (GEN) If x				
until E The ext    X   2 If the ta	Feb 15 ension is for t calendar year tax year begi	, 20 <u>13</u> , to file the exempt organization's return for:  20 or  nning _Jul_1, 20 _11_ d in line 1 is for less than 12 month	anization re , and endin		nal reti	urn		
3a If this a nonrefu	ipplication is foundable credits	or Form 990-BL, 990-PF, 990-T, 472 See instructions	20, or 6069,		32	\$		0.
<b>b</b> If this a paymer	pplication is for	or Form 990-PF, 990-T, 4720, or 60 ude any prior year overpayment allo	69, enter ar owed as a c	ny refundable credits and estimated tax redit	31	\$		0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

0.

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