

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)									
print	MUSIC CENTER FOUNDATION		23-7298290									
File by the due date filing your	or Number, street, and room or suite no. If a P.O. box, s	see instruct	tions.									
return. Se instructior												
Enter th	ne Return Code for the return that this application is for (fil				0 1							
Applica	ation	Return	Application			1	Return					
ls For		Code	Is For				Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A				08					
Form 4	720 (individual)	03	Form 4720 (other than individual)				09					
Form 9	90-PF	04	Form 5227				10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11					
Form 9	90-T (trust other than above)	06	Form 8870				12					
Form 9	90-T (corporation)	07										
Tele If the If this box I I I I I I I I I I I I I I I I I I I	STEVEN T. BENSON, PRE books are in the care of ► <u>135 NORTH GRAND AVE</u> . phone No. ► <u>213-972-8046</u> e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the org . calendar year or . X tax year beginning <u>APR 1, 2022</u> the tax year entered in line 1 is for less than 12 months, c Change in accounting period	- LOS AN s in the Un Group Exe and atta FEBRUAR anization's	Fax No. ▶ 213-972-7590 ited States, check this box	If this is fo all membe	r the whole ers the exte npt organiza 	group, che nsion is for	r.					
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	tentative tax, less									
-	ny nonrefundable credits. See instructions.			<u>3a</u>	\$		0.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069						0					
	stimated tax payments made. Include any prior year overp			3b	\$		0.					
	alance due. Subtract line 3b from line 3a. Include your pa	•					0					
	sing EFTPS (Electronic Federal Tax Payment System). See			30	\$		0.					
Cautio instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct del	bit) with this Form 8868, see Form 8	453-TE and	d Form 8879	9-TE for pa	yment					
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev.	1-2022)					

223841 04-01-22

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

A	For th	e 2022 calendar year, or tax year beginning APR 1, 2022 and	ending M2	AR 31, 2023									
B	Check if applicab	le: C Name of organization		D Employer identif	ication number								
	Addre												
	Name change Doing business as 23-7298290												
	Initial		E Telephone number	er									
	Final	135 NORTH GRAND AVE.	213-972-804										
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$													
	returr	LOS ANGELES, CA 90012-3013	H(a) Is this a group	return									
	Appli tion pend	F Name and address of principal officer. STEVEN 1. BENSON		for subordinate									
		SAME AS C ABOVE		H(b) Are all subordinates									
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	a list. See instructions								
	Webs			H(c) Group exemption									
	-orm o art l	f organization: X Corporation Trust Association Other Summary	L Year	of formation: 1973	M State of legal domicile: CA								
F			איז איזאס	באבאש אור									
e	1	Briefly describe the organization's mission or most significant activities: ENDOWME FINANCIAL SUPPORT OF PROGRAMMING AT LOS ANGELES' MUSIC CENTER		EMENI AND									
Governance	2	Check this box if the organization discontinued its operations or dispos		than 25% of its not as	vente								
/err	3				1								
ģ	4	Number of independent voting members of the governing body (Part VI, line 1a)											
<u>م</u>	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)											
ities	6	Total number of volunteers (estimate if necessary)		14									
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		-13,561,									
Ă	b												
				Prior Year	Current Year								
đ	8	Contributions and grants (Part VIII, line 1h)		4,581,436.	1,418,180								
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	. 0.								
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,508,629.	1,083,338								
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	. 0.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,090,065.	, ,								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,328,741.	, ,								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		665,238.	· · · · · ·								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	. 0.								
ăX	b	Total fundraising expenses (Part IX, column (D), line 25) 568, 2		040 550	210,000								
ш	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,778.	/								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,234,757.	, ,								
	19	Revenue less expenses. Subtract line 18 from line 12		-5,144,692.	, ,								
ts or				ginning of Current Year	End of Year								
Assets	20	Total assets (Part X, line 16)		314,452,554. 109,576,892.									
let A	1	Total liabilities (Part X, line 26)		204,875,662.	, ,								
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		204,075,002.	1 107,140,575								
	асп												

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.

Sign	Signature of officer		Dat	9
Here	STEVEN T. BENSON, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	LAUREN A. HAVERLOCK			self-employed P00545829
Preparer	Firm's name MOSS ADAMS LLP		Firn	n's EIN 91-0189318
Use Only	Firm's address 21700 OXNARD ST. STE 300			
	WOODLAND HILLS, CA 91367		Pho	ne no.818-577-1900
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) MUSIC CENTER FOUNDATION	23-7298290	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE MISSION OF MUSIC CENTER FOUNDATION IS TO PROVIDE ENDOWMENT SUPPORT		
	TO THE MUSIC CENTER PERFORMING ARTS CENTER OF LOS ANGELES COUNTY, ITS		
	EDUCATION AND ARTISTIC PROGRAMS AND RESIDENT COMPANIES THROUGH PLANNED		
	GIVING FUNDRAISING AND ASSET MANAGEMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ye:	s 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	s 🗴 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,069,448. including grants of \$ 7,069,448. 7,069,448. (Revenue ENDOWMENT DISTRIBUTIONS TO THE MUSIC CENTER/PERFORMING ARTS CENTER OF	\$)
	LOS ANGELES COUNTY, ITS EDUCATIONAL ACTIVITIES AND ITS AFFILIATED		
	PERFORMING ARTS COMPANIES WHICH INCLUDE LOS ANGELES PHILHARMONIC		
	ASSOCIATION, CENTER THEATRE GROUP, LOS ANGELES OPERA COMPANY AND THE		
	LOS ANGELES MASTER CHORALE.		
	1 000 500		
4b	(Code:) (Expenses \$1,090,790. including grants of \$1,090,790.) (Revenue	\$)
	THE MUSIC CENTER FOUNDATION'S LAPA FUND MAKES DISTRIBUTIONS TO THE LOS		
	ANGELES PHILHARMONIC ASSOCIATION.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 8,160,238.		_
		Form	990 (2022)
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	3		

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MUSIC CENTER FOUNDATION

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or х similar amounts as defined in Rev. Proc. 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 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X е Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II Х 21 Form 990 (2022)

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MUSIC CENTER FOUNDATION

Checklist of Required Schedules (continued) Part IV Ye<u>s</u> No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes." complete Schedule L, Part IV 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation x contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 6 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable h 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? 1c Form 990 (2022) 232004 12-13-22 5

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2022.05040 MUSIC CENTER FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Ves No 2a Enter the number of empoyees reported on Form W-3. Transmittal of Wage and Tax: Statements. 2a Statements Regarding Other IRS Filings and Tax: Statements. 2a X b If a teast one is reported on line 2a, did the organization lite all required deciral empoyment tax: returns? 3a X b If a teast one is reported on line 2a, did the organization have an integration of State Units? 3b X b If ves, 'inducting the catendary and ongoing controls on the authority over, a transmittal for the result of a state integration on the authority over, a transmittal or organization have an integration line area transmittal or a signature of the result of a state integration of the result of a state integration and provide the astate integration of the result of a state integration of the result of the organization in form R80617 d If ves, 'i to the organization in form R80617 Committal accounts integration of the result of the organization in state of state integratin state integrate state integratin state state integratin state int	Form	990 (2022) MUSIC CENTER FOUNDATION	23-729829	0	Р	age 5				
2a Enset the number of employees reported on Form W-3. Transmittal of Wege and Tax Statements. 2a 3 bit fail teast one is reported on line 2a, diff the organization file all required fetoral amployment tax returns? 3a x construction have unrelated business grows income of 31,000 ramee during the year? 3a x diff the organization have unrelated business grows. 3b x diff the organization have unrelated business grows. 3b x diff the organization and unrelated business grows. 3b x diff the organization and unrelated business grows. 3b x diff the organization have and unrelated the tax on the set of the organization have and unrel to the organization have and unrelated business grows. 4a x diff the organization have and ungers except the varies or a signature or advert tax set. 5a x x diff the organization have and ungers except that are ormaining grows. 5a x x diff the organization have and ungers except that are ormaining grows. 5a x x diff the organization neares and ungers except that are ormaining grows. 5b x x diff the organization neares and select tax are ormaining grows.	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
The standard year ending with or within the year overwel by this neturn 2 3					Yes	No				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 28 X 30 Dot the organization how unrelated basinss gross income of 3,000 or mos obschelue 0 30 X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a forging controlly (such as a bank account, secontrise account, or other financial accounts (FBAR), 4 X 54 Was the organization tay try to a prohibited tax shelter transaction at any time during the tax year? 56 X 56 Dot any toxatign organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 56 X 50 Dot any toxatign organization that was ore a party to a prohibited tax shelter transaction at any time during the tax year? 56 X 50 Dot any toxatign that was end and gross receptic that are normally greater than \$100,000, and did the organization neither that account section? 56 X 61 If "Yes," of the organization neith any encode sector 170(c) 57 X 72 X 7 Organization cancel was grow on tax bedies of any be partel any the during the value of the organization neither organization	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Ga Define organization have unrelated business gross income of \$1,000 or more during the year? Ga X bit Trees, 'has it field a Form B00-T for this year? If 'No' to ine 3b, provide an exploration or Schedule O Gb X bit Trees, 'has it field a Form B00-T for this year? If 'No' to ine 3b, provide an exploration or Schedule O Gb X bit Trees, 'has it field a Form B00-T for this year? If 'No' to ine 3b, provide an exploration or Schedule O Gb X bit Trees, 'has the have and the forgin country La X Ca See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So X Cold any toxable party notify the organization that it was or is a party to a prohibited tax sheller transaction and tax year? So X Cold any toxable party notify the organization in the magnization if Fem 8886 'T So X Cold the organization notude with every solicitation an express statement that such contributions solicit ary contributions that may receive deductible contribution and party for gods and services provided to the pary? Ta X D If Yes, ' due to organization include with every solicitation an express statement that such controctors Ta X D If Yes, ' due to organization include with every solicitation an express to serevices provided? To		filed for the calendar year ending with or within the year covered by this return	2a 3							
b If Yes, "tais it filed a Form 990 T for this yea? If 'No'' to fine 30, provide an explanation on 3c/hedule 0 30 X 4 At any time during the calendar year. dd the organization have an interest in, or a signature or other autionity over, a thin and a location its other organization have an interest in, or a signature or other mancial accounts (FBAR). 4 X b I' Yes, "enter the name of the foreign county such as a bank account, security account, or other financial Accounts (FBAR). 5a X 5a Name to a prohibite tax sheller transaction at any time during the tax year? 5a X 6 Did any taxation and gross receipts that an ormally greater than \$100,000, and did the organization have and using or services that an ormally greater than \$100,000, and did the organization solid any contributions that way receive deductible contributions or gifts were not tax deductible? 5a X 7 Organization have any necelve deductible contributions und partly for pools and services provided to the payo? 7a X 7 Organization necelve apyment in serves of \$35 made partly active part and partly for pools and services provided to the payo? 7a X 7 Organization necelve apyment in serves of \$35 made partly active part and partly for pools and services provided to the payo? 7a X 7 Organization necelve any funds, directly or indirectly, to pay premilum envices provinded? 7a <td>b</td> <td>If at least one is reported on line 2a, did the organization file all required federal employment tax return</td> <td>is?</td> <td>2b</td> <td></td> <td></td>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b						
a At any time during the clashor year, did the organization have an interest in, or a signature or other submitty over, a financial account? a X b If Yos, "inter the name of the foreign country is during the second any time during the tax year? 5a X b If Yos, "inter the name of the organization have an unal group of the second to the foreign country is during the second any time during the tax year? 5a X b If Yos, "inter the name of the organization is that it was or is a party to a prohibited tax shelter transaction? 5b X b If Yos, "inter the name of the organization is that it was or is a party to a prohibited tax shelter transaction? 5b X b If Yos, "inter the name of the organization is that it was or is a party to a prohibited tax shelter transaction? 5c Sc c If Yos," is the source that sector that a such to contributions or gifts were not tax deductibles as chartable contributions? 7c X f If Yos," idd the organization include with every solicitation and party is a contribution or galax services provided to the pays? 7c X f If Yos," indicate the number of Forms 8282 field during the year 1cd 7c X f If Yos," indicate the number of Forms 8282 field during the year 7d 7e X f If Yos," indicate the number of Forms 8282 field during the year 7d	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
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16 X 17 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 16 X 17 If "Yes," complete Form 6069.										
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 17 17 17 16 "Yes," complete Form 6069. 10	10					<u> </u>				
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 0	17		ivities							
If "Yes," complete Form 6069.	.,			17						
				17						
	00000			Form	990	(2022				

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P a	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and for a "No"	respor	nse						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
С	tion A. Governing Body and Management		-							
			Yes	No						
а	Enter the number of voting members of the governing body at the end of the tax year 1a	14								
	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 on Schedule O.									
)	Enter the number of voting members included on line 1a, above, who are independent 1b	14								
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?										
B Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X						
	Did the organization become aware during the year of a significant diversion of the organization's assets?			X						
	Did the organization have members or stockholders?	6		X						
3	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?	<u>7a</u>		X						
)										
	persons other than the governing body?	7 b		X						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a	The governing body?		Х							
)	Each committee with authority to act on behalf of the governing body?	8b	X							
	Is there any officer, director, 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 on Schedule O			X						
C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1							
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X						
)	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?		x							
a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b										
a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12b</u>	X							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	<u>12c</u>	X							
	Did the organization have a written whistleblower policy?		X							
	Did the organization have a written document retention and destruction policy?	14	X							
	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		X							
b	, , , , , , , , , , , , , , , , , , , ,	<u>15b</u>		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x						
	taxable entity during the year?									
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 take steps to safeguard the organization's	10								
	exempt status with respect to such arrangements?	16b								
	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>									
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(C)(3)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)		مادا							
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	blicy, and finan	cial							
	statements available to the public during the tax year.									
	State the name, address, and telephone number of the person who possesses the organization's books and records									
	STEVEN T. BENSON, PRESIDENT - 213-972-8046 135 NORTH GRAND AVE., LOS ANGELES, CA 90012-3013									
_			000	(2022)						
0	6 12-13-22 7	Forn	11 3 3 0	(2022)						
	205 146892 704411 2022.05040 MUSIC CENTER FOUN		ч 0	441						
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Form 990 (2022) MUSIC CENTER FOUNDATION	23-7298290	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
	ete this table for all persons required to be listed. Report compensation for the calendar year ending with Il of the organization's current officers, directors, trustees (whether individuals or organizations), regard	0	,							

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do			itior		ne	Reportable	Reportable	Estimated
	hours per	box	(do not check mor box, unless persor		person is both an		n an	compensation	compensation	amount of
	week		_		d a director/trustee)			from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVEN T. BENSON	40.00	_			-					
PRESIDENT				x				358,238.	0.	41,788.
(2) SHELBY NOTKIN	1.00									
CHAIRMAN		х		х				0.	0.	0.
(3) KIKI R. GINDLER	1.00									
VICE CHAIRMAN		х		Х				٥.	0.	0.
(4) KENNETH S. WILLIAMS	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(5) THOMAS L. BECKMEN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN B. EMERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) AMY R. FORBES	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DARELL L. KRASNOFF	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KENT KRESA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KEITH LEONARD	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KELSEY N. MARTIN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CINDY MISCIKOWSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JEFFREY SOROS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) PHILIP SWAN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SUE WEGLEITNER	1.00									
DIRECTOR		Х						0.	0.	0.
					<u> </u>	<u> </u>				
										000

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Form 990 (2022)

Form	990 (2022) MUSIC CENTER	FOUNDATION								23-72	9829	0	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	<i>.</i> .		Pos				Reportable	Reportable	,	Es	timate	d
		hours per					than c s both		compensation	compensatio		an	nount	of
		week					r/trust		from	from related			other	
		(list any	ctor						the	organization	IS	com	pensa	tion
		hours for	r director				eq		organization	(W-2/1099-MIS	SC/	fr	om th	е
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	trus	nal tr		oyee	duo		1099-NEC)			an	d relat	ed
		below	Individual trustee or	In stit utio nal tru stee	er	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	High emp	Former						
									250 220		0.		41	700
ar	Subtotal								358,238.		0.		41,	788.
	Total from continuation sheets to Part VII										-			
d	Total (add lines 1b and 1c)								358,238.		٥.		41,	788.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			
	compensation from the organization													1
											,		Yes	No
3	Did the organization list any former officer,	-			•	-			• • •					
	line 1a? If "Yes," complete Schedule J for su	ıch individual										3		X
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich r	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	•	•							•	pensat	ion fro	om	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wit	hin T		ear.				
	(A) Name and business	address		(B) Description of services						ervices	C)) aqmo	;) nsatio	n
MONT	ICELLO ASSOCIATES, INC., 1800 LAF								200000000			0		
	ET, SUITE 2100, DENVER, CO 80202								INVESTMENT CONSULT	ANT			300,	000.
	ADAMS, 225 S LAKE AVE, SUITE 900)											,	
	DENA, CA 91101	,							AUDIT AND TAX SERV	ICES			100,	065.
								1						
								-						
2	Total number of independent contractors (in	•	ot lin	nited	d to f			ed	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation				2	2					_	000	
												Form	990 (2	2022)

	990 (2			TER FOU	NDA'	TION			23-729829	0 Page 9
Pai	rt VIII									
		Check if Schedule O	<u>contair</u>	<u>ns a respo</u>	nse (or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Fundraising events Related organizations	ributior grants,	1b 1c 1d ns) 1e and 1		1,418,180.				
Contr and C	g h	Noncash contributions included in Total. Add lines 1a-1f					1,418,180.			
	2 a					Business Code	, , ,			
Program Service Revenue	b c d e									
Progr		All other program service								
	3 4	Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p				st, and	826,960.		-13,561.	840,521.
	5 6 a	Royalties		(i) Real		(ii) Personal				
	с	Less: rental expenses Rental income or (loss)	6b 6c							
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	7a	(i) Securit 9 , 495 , 3	ies 16.	(ii) Other				
evenue		and sales expenses Gain or (loss)	7c	9,238,9 256,3	78.		256,378.			256,378.
Other R	8 a	Net gain or (loss) Gross income from fundraisi including \$ contributions reported on Part IV, line 18	ing even	its (not of c). See	8a					200,070
Other Reve		Less: direct expenses Net income or (loss) from			8b					
		Gross income from gamin Part IV, line 19	ng activ	/ities. See	9a					
	С	Less: direct expenses Net income or (loss) from	gamin	g activities	9b					
	b	Gross sales of inventory, and allowances Less: cost of goods sold			10a 10b					
sno	<u>с</u> 11 а	Net income or (loss) from				Business Code				
Miscellaneous Revenue	b c				_					
Ϊ		All other revenue								
	12	Total revenue. See instruction					2,501,518.	0.	-13,561.	1,096,899.

MUSIC CENTER FOUNDATION

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b,

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,160,238.	8,160,238.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	387,470.		193,735.	193,735.
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	139,679.		69,840.	69,839.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,699.		24,350.	24,349.
9	Other employee benefits	33,575.		16,787.	16,788.
10	Payroll taxes	31,320.		15,660.	15,660.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,752.		2,376.	2,376.
С	Accounting	140,657.		105,493.	35,164.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	243,948.		121,974.	121,974.
g	Other. (If line 11g amount exceeds 10% of line 25,	10.165		c	44 005
	column (A), amount, list line 11g expenses on Sch 0.)	48,167.		6,930.	41,237.
12	Advertising and promotion				
13	Office expenses	19,945.		9,973.	9,972.
14	Information technology				
15	Royalties			0.550	0.000
16	Occupancy	5,555.		2,778.	2,777.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C 010		2 005	2 005
19	Conferences, conventions, and meetings	6,010.		3,005.	3,005.
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20 022		10 516	10 517
23		39,033.		19,516.	19,517.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule O.)	2 563		1,282.	1 281
a L	LICENSES, FEES, DUES, S	2,563. 2,038.		1,282.	1,281. 1,019.
b c	REIMBURSED EXPENSES	-199,782.		-209,190.	9,408.
-		155,702.		205,150.	5,400.
d					
	All other expenses	9,113,867.	8,160,238.	385,528.	568,101.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	5,115,007.	0,100,230.	505,520.	500,101.
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
222011	· · · · · · · · · · · · · · · · ·				Form 990 (2022)
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MUSIC CENTER FOUNDATION

	17	Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			11,220,018.	2	9,137,32
	3	Pledges and grants receivable, net			29,835,252.	3	30,406,09
	4					4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri				6	
۵	7	Notes and loans receivable, net		F	110,544.	7	97,56
Assets	8	Inventories for sale or use	· · · · ·	8	· ·		
As	9	Description of all an end of a standard set of a feature of a large standard set.	12,027.	9	12,77		
		Land, buildings, and equipment: cost or othe			·	_	
		basis. Complete Part VI of Schedule D		28,295.			
	b	Less: accumulated depreciation		28,295.	0.	10c	
	11	Investments - publicly traded securities		,	36,779,637.	11	32,361,13
	12	Investments - other securities. See Part IV, lin			126,898,091.	12	116,533,74
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	109,596,985.	15	96,570,30		
	16	Total assets. Add lines 1 through 15 (must e	314,452,554.	16	285,118,94		
	17	Accounts payable and accrued expenses	288,843.	17	292,50		
	18			18			
	19	Grants payable		19			
	20	Deferred revenue		20			
		Tax-exempt bond liabilities	104,935,673.		92,695,16		
	21	Escrow or custodial account liability. Complete lagrand other payables to any surrent or f		104,555,075.	21	52,055,10	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		00			
Lial	00	controlled entity or family member of any of		22			
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24).	Complete Part X	4 250 276		4 204 70
		of Schedule D			4,352,376.		4,384,704
_	26			77	109,576,892.	26	97,372,373
s		Organizations that follow FASB ASC 958,	check here	X			
jče		and complete lines 27, 28, 32, and 33.					
lar	27	Net assets without donor restrictions		27			
8	28	Net assets with donor restrictions			204,875,662.	28	187,746,57
ů		Organizations that do not follow FASB AS					
ي ب		and complete lines 29 through 33.					
<u>s</u>	29	Capital stock or trust principal, or current fur				29	
ŝŝ	30	Paid-in or capital surplus, or land, building, o	r equipmer	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		Г		31	
Nei Nei	32	Total net assets or fund balances			204,875,662.	32	187,746,57
	33	Total liabilities and net assets/fund balances	<u></u>		314,452,554.	33	285,118,946

Form 990 (2022)

Form	990 (2022) MUSIC CENTER FOUNDATION	23-729829	9 0	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2 ,	,501,	518.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9 ,	,113,	867.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	,612,	349.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	204	,875,	662.
5	Net unrealized gains (losses) on investments	5	-10	,654,	842.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		138,	104.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	187	,746,	575.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

5		Name	of the	organization	
---	--	------	--------	--------------	--

Name of t	the organization						Employer	identification number		
								23-7298290		
Part I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
1 1 2 1 3 1 4 1 5 1	A church, convention of chu A school described in sect i A hospital or a cooperative A medical research organiz city, and state: An organization operated for	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor or the benefit of a col	n of churches described Attach Schedule E (Form nization described in se njunction with a hospital	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A)				
6 7 X 8	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 									
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
10	activities related to its exem income and unrelated busin	npt functions, subject ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	om gross investment		
11 🗌 12 🗌 a 🗌	An organization organized a An organization organized a more publicly supported org lines 12a through 12d that Type I. A supporting orga	and operated exclusi and operated exclusi ganizations described describes the type of unization operated, su	vely for the benefit of, to d in section 509(a)(1) o f supporting organization upervised, or controlled	perform the section of and composite support of the section of the	ne functior 509(a)(2). plete lines ported orga	ns of, or to can See section { 12e, 12f, and anization(s), ty	5 09(a)(3). C 12g. /pically by g	check the box on		
b 🗌	organization. You must o Type II. A supporting org control or management o organization(s). You mus	complete Part IV, Se anization supervised f the supporting orga t complete Part IV,	ctions A and B. or controlled in connect anization vested in the sa Sections A and C.	ion with its	s supporte ns that cor	d organization ntrol or manaç	n(s), by hav ge the supp	ing ported		
c d	its supported organization Type III non-functionally that is not functionally int	n(s) (see instructions) r integrated. A supp egrated. The organiz	You must complete F orting organization oper ation generally must sati	Part IV, Se ated in cor sfy a distri	ctions A, nnection w ibution req	D, and E. rith its suppor juirement and	ted organiz	ration(s)		
e	Check this box if the orga functionally integrated, or	nization received a v Type III non-functior	written determination from nally integrated supporting	m the IRS	that it is a ation.		II, Type III	[
		•								
(i) Name of supported organization 	MUSIC CENTER FOUNDATION 23-7298290 In for Public Charity Status. (Ail organizations must complete this part.) See instructions. In the private foundation because it is: (For lines 1 through 12, check only one box.) convention of churches, or association of churches described in section 170(b)(1)(A)(ii). Section 170(b)(1)(A)(ii). secribed in section 170(b)(1)(A)(ii). Enter the hospital service organization described in section 170(b)(1)(A)(iii). esceribed organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, ate: ation operated for the benefit of a college or university owned or operated by a governmental unit described in 50(b)(1)(A)(iv). Complete Part II.) tation operated for the benefit of a college or university owned or operated in conjunction with a land-grant college or an on-land-grant college Part II.) Tur al research organization described in section 170(b)(1)(A)(v). tation that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from lated to tis exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment d unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. no50(a)(2). Complete Part II.) To apparized and operated exclusively to test for public safety. See section 509(a)(4). ation that normally receives a subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment d unrelated business ta								
Total										

MUSIC CENTER FOUNDATION

23-7298290

Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,177,971.	2,390,897.	644,771.	4,581,436.	1,418,180.	10,213,255.
2	Tax revenues levied for the organ-						
	ization'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	1,177,971.	2,390,897.	644,771.	4,581,436.	1,418,180.	10,213,255.
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)						3,566,623.
6	Public support. Subtract line 5 from line 4.						6,646,632.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,177,971.	2,390,897.	644,771.	4,581,436.	1,418,180.	10,213,255.
8	Gross income from interest,				· ·		
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	781,569.	815,366.	508,089.	440,260.	840,521.	3,385,805.
9	Net income from unrelated business	, -	/ -	, -	,	, <u> </u>	, , ,
Ŭ	activities, whether or not the						
	business is regularly carried on	137,771.			59,237.	0.	197,008.
10	Other income. Do not include gain				,		
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13,796,068.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	
	First 5 years. If the Form 990 is for th		,		ear as a section 5		
10	organization, check this box and stor	-		· · ·			
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I		-	olumn (f))		14	48.18 %
	Public support percentage from 2021					15	57.92 %
	33 1/3% support test - 2022. If the c					ore, check this bo	
	stop here. The organization qualifies						X
t	33 1/3% support test - 2021. If the c		-				s box
	and stop here. The organization qual	-				,,	
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	server and england	
ŀ	10% -facts-and-circumstances test	•	•	,	•	7a, and line 15 is	 10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		•••••		
-10		and not one on a l	oox on mile 10, 10a	,,,	, shook this box a		·

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b 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.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6		(6) 2013	(0) 2020	(0) 2021	(e) 202	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	I Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b 33 1/3% support tests - 2021. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22					Sche	dule A (Form 990) 2022

1

Yes No

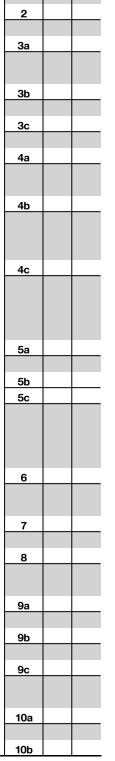
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



Schedule A (Form 990) 2022

Yes

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

iype Supporting Organi

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported exercise (a)	-1		

organ ation(s) Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	e organization used to satis	fv the Integral Part Test du	ing the year (see instruction
•		e organization used to satis	y line initegral Fart Test dui	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

15350205 146892 704411

Sche	edule A (Form 990) 2022 MUSIC CENTER FOUNDATION			23-7298290	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (<i>explain ii</i>	7 Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.		
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting or	anization (see	
	instructions).			- ``	

Schedule A (Form 990) 2022

232026 12-09-22

1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Current Year

Section D - Distributions

Schedule A	(Form 990) 2022		CENTER FOUNDATION			23-7298290	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	, 4b, 4c, 5a, 6, 9a, 9b, 9c d 3; Part IV, Section E, lin	s required by Part II, line 10; F , 11a, 11b, and 11c; Part IV, S les 1c, 2a, 2b, 3a, and 3b; Par and 6. Also complete this par	Section B, lines 1 and t V, line 1; Part V, Se	2; Part IV, Section	C,
232028 12-09-2	2			21	S	chedule A (Form 9	90) 202:
				<u>4</u> 1			

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

23-7298290

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

MUSIC CENTER F	FOUNDATION
----------------	------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of or	ganization	Emp	loyer identification number
	NTER FOUNDATION		23-7298290
Part I (a)	Contributors (see instructions). Use duplicate copies of Part I if (b)	(c)	(d)
1	Name, address, and ZIP + 4	Total contributions \$ 500,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$262,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$72,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Page 2

Schedule B (Form 990) (2022)

	rganization		ployer identification number 23-7298290
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$45,570	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$43,846	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$39,450	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$29,610	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Occupied Payroll Payroll Payroll Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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2022.05040 MUSIC CENTER FOUNDATION

Schedule B (Form 990) (2022)

704411_1

Page **2**

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
MUSIC CE	ENTER FOUNDATION		23-7298290
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-15	5-22		Schedule B (Form 990) (2022)

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15350205 146892 704411

Schedule B (Form 990) (2022)

Page **3**

Schedule	B (Form 990) (2022)		Page 4					
Name of o	organization		Employer identification number					
MUSIC CE Part III	from any one contributor. Complete columns (a	i) through (e) and the following line entri-	23-7298290 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed.	ess for the year. (Enter this info. once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					

223454 11-15-22

Schedule B (Form 990) (2022)

 $15350205\ 146892\ 704411$

26 2022.05040 MUSIC CENTER FOUNDATION 704411_1

D
C

Department of the Treasury

(Form	990)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
ZUZZ
Open to Public
Inspection

Internal Revenue Service Name of the organization

Employer id	entification	number
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22	-7298290	
23	-1290290	

	MUSIC CENTER FOUNDATION	23-7298290					
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	15	0				
2	Aggregate value of contributions to (during year)	75,000.	0.				
3	Aggregate value of grants from (during year)	535,350.	0.				
4	Aggregate value at end of year	10,185,545.	0.				
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	inds				
	are the organization's property, subject to the organization's	0					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
Par			V, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreation		storically important land area				
	Protection of natural habitat		ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a c	conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а			2a				
b							
с	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele		• •				
	year						
4	Number of states where property subject to conservation eas	ement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
			C <i>y</i>				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?		YesNo				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	B, not to report in its revenue statement and ba	alance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical trea		n, provide				
	the following amounts required to be reported under FASB A						
а							
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022				
232051	09-01-22	27					

41 2022.05040 MUSIC CENTER FOUNDATION

Sche	dule D (Form 990) 2022 MUSIC CENTE	ER FOUNDATION					23-729	8290	Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sig	gnificant ι	use of its	-	-	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	change progra	m					
b	Scholarly research	е		0 . 0						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further	the organization	n's exem	oarua tar	se in Part	XIII.		
5	During the year, did the organization solicit o									
-	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						Part IV			
	reported an amount on Form 990, Par				100 011		, i aicii, i			
1a	Is the organization an agent, trustee, custodi		iary for contributio	ns or other asse	ets not i	ncluded				
iu	on Form 990, Part X?							Yes	X	No
h	If "Yes," explain the arrangement in Part XIII						······ L			
U U		and complete the los	iowing table.					Amount	ł	
-	Designing belonce					10		, arrio arri		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f	Ending balance						v	Yes		
	Did the organization include an amount on Fe					ty?	🗖	_ ¥es	X	No
Par	If "Yes," explain the arrangement in Part XIII.							<u></u>	Δ	
T ai	t V Endowment Funds. Complete i						vaara baak	(a) Four	vooro	haak
_		(a) Current year	(b) Prior year	(c) Two years			ears back		-	
1a	Beginning of year balance	204,875,662.	224,160,628		-		66,522.			629.
b	Contributions	1,418,180.	4,581,399		,708.		64,889.			815.
	Net investment earnings, gains, and losses	-9,433,400.	2,368,428				25,099.			753.
d	Grants or scholarships	8,160,238.	25,328,741	. 7,431	,514.	7,6	43,170.	7,	776,	971.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	953,629.	906,052	. 937	,819.	9	88,105.		172,	704.
g	End of year balance	187,746,575.	204,875,662	. 224,160	,628.	169,7	75,037.	186,	866,	522.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 72.2970	%								
с	Term endowment 27.7030	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administere	ed for the	е				
	organization by:							ſ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line 11a.	See Form 990,	Part X, I	line 10.				
	Description of property	(a) Cost or o	ther (b) Co	st or other	(c) A(ccumulate	be	(d) Bool	k valu	ie.
		basis (investr	. ,	s (other)	• •	preciation		(u) 200	it valu	U I
19	Land		, 200							
-	Land									
b	Buildings									
	Leasehold improvements			28,295.		28	295.			٥.
	Equipment			20,200.		20,				<u> </u>
	Other			L						
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part J</u>	<u>X, column (B), line</u>	<u>10c.)</u>				n /=		0.
							Schedule	D (Form	n 990)	2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) U.S. LARGE CAP EQUITIES	36,201,284.	END-OF-YEAR MARKET VALUE
(B) INTERNATIONAL EQUITIES MEASURED AT	22,890,240.	END-OF-YEAR MARKET VALUE
(C) EMERGING MARKET EQUITIES	3,247,019.	END-OF-YEAR MARKET VALUE
(D) EQUITY HEDGE FUNDS	11,171,566.	END-OF-YEAR MARKET VALUE
(E) ABSOLUTE RETURN FUNDS	13,662,516.	END-OF-YEAR MARKET VALUE
(F) PARTNERSHIPS INTERESTS AND OTHER		
(G) FUNDS	29,361,124.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	116,533,749.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FUNDS HELD FOR OTHERS	92,695,162.
(2) SPLIT-INTEREST AGREEMENTS	3,235,217.
(3) ASSETS UNDER PENSION PLAN	470,699.
(4) OTHER ASSETS	169,231.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	96,570,309.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DISTRIBUTIONS PAYABLE	3,568,845.
(3)	OBLIGATIONS UNDER ANNUITIES & TRUSTS	345,160.
(4)	OBLIGATIONS UNDER PENSION PLAN	470,699.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,384,704.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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15350205 146892 704411

Sche	edule D (Form 990) 2022 MUSIC CENTER FOUNDATION		23-7298290	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 -8	,259,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a10 ,	654,842.		
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)	124,543.		
е			2e -10	,530,299.
3	Subtract line 2e from line 1	L	3 2	,271,131.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	243,948.		
b	Other (Describe in Part XIII.)	-13,561.		
с	Add lines 4a and 4b	L	4c	230,387.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			,501,518.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expension	ses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	L	1 8	,869,919.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 8	,869,919.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	243,948.		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	L	4c	243,948.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 9	,113,867.
Pa	rt XIII Supplemental Information.			

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

FUNDS ARE HELD ON BEHALF OF PERFORMING ARTS CENTER OF LOS ANGELES COUNTY,

LOS ANGELES PHILHARMONIC ASSOCIATION, CENTER THEATRE GROUP, LOS ANGELES

OPERA COMPANY, AND THE LOS ANGELES MASTER CHORALE TO PROVIDE ENDOWMENT

SUPPORT. THE FUNDS ARE MANAGED PURSUANT TO A MANAGEMENT AGREEMENT BETWEEN

THE FILING ORGANIZATION AND EACH ENTITY.

PART V, LINE 4:

ANNUAL DISTRIBUTIONS TO SUPPORT THE PERFORMING ARTS AT THE MUSIC

CENTER/PERFORMING ARTS CENTER OF LOS ANGELES COUNTY AND ITS RESIDENT

COMPANIES.

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Schedule D (Form 990) 2022

STC CENTER FOUNDATION

Schedule D (Form 990) 2022 MUSIC CENTER FOUNDATION	23-7298290	Page 5
Part XIII Supplemental Information (continued)		
PART X, LINE 2:		
THE FOUNDATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL		
STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON		
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE		
FOUNDATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS. THE FOUNDATION		
RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN		
TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEARS ENDED MARCH 31, 2023		
AND 2022, THE FOUNDATION DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL		
INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS 124,543.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
PASSTHROUGH INCOME FROM UBI -13,561.		

Schedule D (Form 990) 2022

232055 09-01-22

Pa	rt I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	es" on			
		Form 990, Part IV	/, line 14b.							
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,									
	the g	rantees' eligibility fo	pibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the									
	Unite	d States.								
3					n be duplicated if additional space is n					
	(;	a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total expenditures			
			offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type	for and			
			In the region	contractors	recipients located in the region)	of service(s) in the region	investments			
				in the region			in the region			
		AMERICA AND								
		BBEAN -								
ANTI	IGUA a	& BARBUDA,								
ARUE	3A, B	AHAMAS,	0	0	INVESTMENTS	N/A	13,457,752.			
							1			
3 2	Subt	otal	0	0			13,457,752.			
		from continuation		, , , , , , , , , , , , , , , , , , ,						
U U		ts to Part I	0	0			0.			
~		Is (add lines 3a								
U	and 3		0	0			13,457,752.			
	anu		. · · ·	I						

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

MUSIC CENTER FOUNDATION

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

23-7298290

32 04411 2022 050

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

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					I
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							

Schedule F (Form 990) 2022

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a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Page 3

Schedule F (Form 990) 2022

23-7298290

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting m	nethod); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional in	nformation. See instructions.
232075 10-17-	36	Schedule F (Form 990) 2022
	J U	

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SCHEDULE I	Ģ	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭni	ted States		2022
Department of the Treasury	Comp						Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization MUSIC CENTER	Conclusion and Content Assistance to Organizations, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Employer identification num 23-7398290 Transaction on Grants and Assistance seed to award the grants or assistance. Employer identification num 23-7398290 Substance seed to award the grants or assistance. Employer identification num 23-7398290 Substance seed to award the grants or assistance. Imployer identification num 23-7398290 Substant to construct organization and Domestic Organization answered "Yes" on Form 990, Part IV, line 21, for any cipient that received more than \$5,000. Part II can be duplicated if additional space is needed. and address of organization and Domestic Organization and Domestic Organization answered "Yes" on Form 990, Part IV, line 21, for any cipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance EWTER / PERFORTING ARTS .os ANGELES CONTY - 135) A VENUE - LOS ANGELES; 95-2217011 501(C)(3) 1,855,196. 0. N/A peneral. SUPPORT IF RefORTING ARTS .os ANGELES, CA 90012 95-1696734 501(C)(3) 3,138,934. 0. N/A peneral. SUPPORT SANGELES, CA 90012 95-2096402	Employer identification number 23-7298290					
Part I General Information on Grants a	Ind Assistance						
-		-			-		
criteria used to award the grants or assis	stance?						X Yes No
	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
· · · ·	T		· ·		(f) Method of	()	()
	(b) EIN			noncash	valuation (book, FMV, appraisal,		
THE MUSIC CENTER / PERFORMING ARTS							
CENTER OF LOS ANGELES COUNTY - 135							
NORTH GRAND AVENUE - LOS ANGELES,							
CA 90012	95-2217011	501(C)(3)	1,855,196.	0.		N/A	GENERAL SUPPORT
LOS ANGELES PHILHARMONIC							
ASSOCIATION - 135 NORTH GRAND				_			
AVENUE - LOS ANGELES, CA 90012	95-1696734	501(C)(3)	3,138,934.	0.		N/A	GENERAL SUPPORT
CENTER THEATRE GROUP OF LOS ANGELES, INC 135 NORTH GRAND							
AVENUE - LOS ANGELES, CA 90012	95-2466183	501(C)(3)	1 565 158.	0.		N/A	GENERAL SUPPORT
LOS ANGELES OPERA COMPANY							
LOS ANGELES, CA 90012	05 2006402	501(0)(2)	1 226 052	0		NT / 7	CENEDAL CUDDODM
LOS ANGELES, CA 90012	95-2090402	501(C)(3)	1,320,032.	0.		N/A	GENERAL SUPPORT
LOS ANGELES MASTER CHORALE 135 NORTH GRAND AVENUE							
LOS ANGELES, CA 90012	95-2315682	501(C)(3)	274,898.	0.		N/A	GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	Ind government ord	ganizations listed in th	ne line 1 table				5.
3 Enter total number of other organization							0.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

MUSIC CENTER FOUNDATION

Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: State State

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Schedule I (Form 990) 2022

Part III

MUSIC CENTER FOUNDATION REGULARLY MEETS WITH ALL GRANTEE ORGANIZATIONS TO

ENSURE THAT FUNDS ARE USED AS INTENDED. FURTHER, ALL GRANTEE ORGANIZATIONS

ARE KNOWN TO MUSIC CENTER FOUNDATION DUE TO THE PROXIMITY OF ALL

ORGANIZATIONS INVOLVED.

23-7298290

Page 2

SC	HEDULE J	OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Depar	tment of the Treasury	Attach to Form 990.		Open to		
_	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Narr	e of the organization		Employer ider 23-729		on nui	mber
Da	rt I Question	MUSIC CENTER FOUNDATION s Regarding Compensation	25-729	0290		
14		s negaraling compensation			Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		165	
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	550,			
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	i				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	Independent c	compensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re			4.		x
a ⊾		e payment or change-of-control payment?		4a		X
b	-	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	-	eive payment from an equity-based compensation arrangement?		4c		
	I Tes to any or in	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а				5a		x
		ation?		5b		x
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		x
b		ation?		6b		х
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)) 2022

232111 10-18-22

23-7298290

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVEN T. BENSON	(i)	348,238.	10,000.	0.	30,500.	11,288.	400,026.	0
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE PRESIDENT RECEIVED A DISCRETIONARY BONUS DURING 2022.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-7298290

MUSIC CENTER FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED INTERNALLY BY THE MUSIC CENTER FOUNDATION

CONTROLLER AND PRESIDENT AND THEN IT IS REVIEWED BY OUR OUTSOURCED CHIEF

FINANCIAL OFFICER, TEMO ARJANI, AND THEN IT IS PRESENTED TO THE BOARD FOR

THEIR REVIEW AND APPROVAL BEFORE WE FILE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIRECTORS OF THE MCF BOARD ARE REQUIRED TO SIGN A DOCUMENT ANNUALLY

STATING THAT THEY DO NOT HOLD MORE THAN 5% OF ANY INVESTMENT THAT IS HELD

BY THE MCF. IF THEY DO HOLD MORE THAN 5% OF AN INVESTMENT, THEY WOULD BE

REQUIRED TO EXCUSE THEMSELVES FROM ANY DISCUSSION OR VOTE ON THAT

INVESTMENT. IT IS ALSO A PRACTICE THAT THE MCF DOES NOT HAVE ANY BUSINESS

OR CONTRACTUAL ARRANGEMENT WITH A COMPANY THAT IS CONTROLLED BY A DIRECTOR

OF THE MCF BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CHAIR OF THE MCF BOARD PROVIDES DUE DILIGENCE WHEN REVIEWING AND

RECOMMENDING THE PRESIDENT'S SALARY TO THE MCF BOARD FOR APPROVAL. IN THIS

PROCESS, THE CHAIR GATHERS MARKET INFORMATION FROM REPORTS BY THE COUNCIL

ON FOUNDATIONS AND AN EXECUTIVE RECRUITING FIRM ENGAGED BY THE MCF. COST OF

LIVING STATISTICS ARE ALSO TAKEN INTO CONSIDERATION. THE SALARY FOR THE

STAFF IS REVIEWED AND RECOMMENDED TO THE MCF BOARD BY THE PRESIDENT. THE

PRESIDENT REVIEWS COMPARABLE SALARIES WITH THE COUNCIL ON FOUNDATIONS

REPORT AND THE OTHER ENTITIES ON THE MUSIC CENTER CAMPUS. COST OF LIVING

STATISTICS ARE ALSO CONSIDERED. THE MCF BOARD APPROVES ALL SALARIES AT THE

ANNUAL MEETING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 42 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
Name of the organization MUSIC CENTER FOUNDATION		Employer identification number 23-7298290
FORM 990, PART VI, SECTION C, LINE 19:		
THE MUSIC CENTER FOUNDATION MAKES ITS GOVERNING DOCUMENT	S, CONFLICT OF	
INTEREST POLICY, FINANCIAL STATEMENTS, AND INFORMATIONAL	RETURNS AVAILABLE	
UPON WRITTEN REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	124,543.	
UNRELATED BUSINESS INCOME FROM PARTNERSHIPS	13,561.	
TOTAL TO FORM 990, PART XI, LINE 9	138,104.	
232212 10-28-22	13	Schedule O (Form 990) 2022

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

MUSIC CENTER FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	1						
	1						

44

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

Schedule R (Form 990) 2022

2022

Employer identification number

23-7298290

Open to Public Inspection

OMB No. 1545-0047

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	irect controlling entity (related, unrelated, excluded from tax under sections 512-514) Share of total income		amount in box 20 of Schedule	partne	or Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
											_	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	end-of-year	(h) Percentage ownership	512(cont	i) ction b)(13) rolled tity?
		country)		or trust)		assets		Yes	No
	_								
CHARITABLE REMAINDER TRUSTS (14)	INVESTMENTS	CA	N/A						Х
	-								
CHARITABLE LEAD TRUSTS (5)	INVESTMENTS	CA	N/A						X
	-								
	-								
	-								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e	<u> </u>	X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		x
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		x
s	Other transfer of cash or property from related organization(s)	1s		х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 MUSIC CENTER FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	all rs sec. c)(3) s.?	Share of total income	Share of end-of-year assets	Dispr tion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentag
				103	110			103				
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Schedule R (Form 990) 2022

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)		r (TIN)			
print	MUSIC CENTER FOUNDATION				23-72	298290	
File by the due date for filing your		ee instruct	ions.				
return. See instructions	City, town or post office, state, and ZIP code. For a for LOS ANGELES, CA 90012-3013	oreign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)				0 7
Applicat	ion	Return	Application				Return
ls For		Code	Is For				Code
Form 990) or Form 990-EZ	01	Form 1041-A				08
Form 472	20 (individual)	03	Form 4720 (other than individual)		09		
Form 990)-PF	04	Form 5227				10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above) 06 Form 8870						12	
Form 990	D-T (corporation)	07					
Telepl If the If this box 1 I re the box	ooks are in the care of ▶ 135 NORTH GRAND AVE. hone No. ▶ 213-972-8046 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until c organization named above. The extension is for the organization above. The extension above. The e	s in the Uni Group Exe and atta FEBRUAR anization's	Fax No. \blacktriangleright 213-972-7590 ted States, check this box	f this is fo all membe	r the whole ers the ext npt organiz 	e group, che	ır.
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$		0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		_		
	timated tax payments made. Include any prior year overp			3b	\$	1	10,321.
	lance due. Subtract line 3b from line 3a. Include your pa						
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$		0.
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84	153-TE and		79-TE for pa	

223841 04-01-22

From 990-T Exempt Organization Business Income Tax Return (and proxytax under section 6033(e)) Context to a the transmission of the tax year beginning APR 1, 2022 Go to wow, its.gov/Form990T for instructions and the latest information. Determine Theware Section Formerson this form as it may be made public if you organization is a 501(e)(3). Determine the tax section formation is the public if you organization is a 501(e)(3). Determine the tax section formation is the public if you organization is a 501(e)(3). Determine the tax section formation is the public if you organization is a 501(e)(3). B centry lunder section is dofted scheduled. Rane of organization (Context to X). Determine to X). Determine to X). B centry lunder section is dofted scheduled. Number, steel, and form organization is a 501(e)(3). Determine to match the tax section is a formation in the tax beam on form 2439. Coneck to X). Determine to X). Determine tax center formation is a 501(e)(2). Tota context context is the context context context is the context context context is the context context is the context context context is the context context context is th	000 T		EXTENDE	TO FEBRUA	RY 15, 2			
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A clinic binned Instructions 23-7298290 B Exempt under section Yint KUSIC CENTER FOUNDATION 23-7298290 B 06(e) 220(e) Yint KUSIC CENTER FOUNDATION 23-7298290 B 06(e) 220(e) Type Indumber stream of norm or subta on It & P.O. box, see instructions. Edwage second instructions B 08(e) 220(e) Type Indumber stream of norm or subta on It & P.O. box, see instructions. Edwage second instructions B 08(e) 220(e) Type Indumber second instructions F Check box if G Check organization type I S01(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I L Check if a 501(c)(3 organization filing a consolidated return with a 501(c)(2) titleholding corporation 1 I K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No H Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 1 Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3 <th></th> <th>Do n</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>501(c)(3) Organizations Only</th>		Do n						501(c)(3) Organizations Only
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S29(a) S29A LOS ANGELES, CA 90012-3013 F Check tox if an amended return. C Check value of all assets at end of year 285,118,946. an amended return. G Check or spraization type X. 501(c) corporation 501(c) (trust 401(a) trust Other trust State college/university H Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation 1 1 J Enter the number of attached Schedules A (Form 990-T) 1 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No I Total onrelated Business Taxable income Telephone number 213-972-8046 2 Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 3 Add lines 1 and 2 3 4 0. 5 6 6 O Total ornelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 6 O Total ornelated business taxable income. Subtract line 10 form line 7. 1 0. 1,000. </th <th>408(e) 220(e)</th> <th>Type 13</th> <th>35 NORTH GRAND AVE.</th> <th></th> <th></th> <th></th> <th>(300</th> <th></th>	408(e) 220(e)	Type 13	35 NORTH GRAND AVE.				(300	
C Book value of all assets at end of year 285,118,946. an amended retum. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if a 501(c)(3) oganization filing a consolidated return with a 501(c)(2) titleholding corporation 1 J Enter the number of attached Schedules A (Form 990-T) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? Yes X No If 'Yes, 'enter the name and identifying number of the parent corporation. 1 1	408A 530(a)	Cit	ity or town, state or province, c	country, and ZIP or fore	ign postal code			
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation 1 J Enter the number of attached Schedules A (Form 990-1) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of STEVEN T. BENSON, PRESIDENT Telephone number 213-972-8046 Part I Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions) 4 0. 2 2 3 Add lines 1 and 2 3 3 4 0. 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 6 7 Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 6 7 0. 2 3 Add lines 1 and 2 3 4 0. 1, 000. 0 1, 000. 0 1, 000.	529(a) 529A	LO	OS ANGELES, CA 9001	2-3013			F	Check box if
H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Claim a refund shown on Form 2439 J Enter the number of attached Schedules A (Form 990-T) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X If "Yes," enter the name and identifying number of the parent corporation. 1 Total Unrelated Business Taxable Income 213-972-8046 Part I Total Ounrelated Business taxable income computed from all unrelated trades or businesses (see 1 0. 1 Total Ounrelated Business taxable income before net operating losses. Subtract line 4 from line 3 5 6 6 7 3 7 1 0 2 8 Add lines 1 and 2 3 4 4 0. 5 5 5 5 6 7 6 7 8 5 7 8 6 7 8 9 10 1,000. 9 10		C Book v	value of all assets at end o	f year		285,118,946.		an amended return.
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation I J Enter the number of attached Schedules A (Form 990-T) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? Yes X If "Yes," enter the name and identifying number of the parent corporation. 1 1 1 IT to books are in care of STEVEN T. BENSON, PRESIDENT Telephone number 213-972-8046 Part I Total Unrelated Business Taxable Income 1 0. 2 I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Reserved 2 3 4 0. 5 Gotal unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Fortal of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 1,000. Subtract line 6 form line 5 7 8 1,000. 1 0. 1,000. I Total of unrelated business taxable income before specific deduction and section 199A deduction. 9 10 1,000. 1,000.	G Check organization	type 🛛	X 501(c) corporation	501(c) trust] 401(a) trust	Other trust	State	college/university
J Enter the number of attached Schedules A (Form 990-T) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If *Yes,* enter the name and identifying number of the parent corporation. Telephone number 213-972-8046 Part I Total Unrelated Business Taxable Income Telephone number 213-972-8046 Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 3 Add lines 1 and 2 3 4 4 Charitable contributions (see instructions for limitation rules) 5 5 5 5 Total ourelated business taxable income before ent operating losses. Subtract line 4 from line 3 5 5 6 7 Total ourelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deduction. See instructions for exceptions) 8 1,000. 9 10 1,000. 1 0. 10 1,000. 1 0. 1 0. 11 Outrists Section 199A deduction. See instructions for exceptions) 8	H Check if filing only	:o	Claim credit from Form 8	3941 Claim	a refund shown	on Form 2439		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number 213-972-8046 Part I Total Ourrelated Business Taxable Income 1 0. 1 Total of unrelated Business Taxable Income 2 2 3 Add lines 1 and 2 3 4 0. 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 7 1 0. 1,000. 10 1,000. 1,000. 1,000. 1,000. 11 0. 2 2 2 10 1,000. 1,000. 1,000. 1,000. 10 1,000. 1 0. 1,000. 11 0. 1	Check if a 501(c)(3)	organizatio	on filing a consolidated retu	urn with a 501(c)(2) tit	leholding corpo	oration		
If "Yes," enter the name and identifying number of the parent corporation. Image: Corporation in Care of STEVEN T. BENSON, PRESIDENT Telephone number 213-972-8046 Part I Total Unrelated Business Taxable Income 213-972-8046 I Total of unrelated Business Taxable Income 1 1 Total of unrelated Business Taxable Income 1 2 Reserved 2 3 Add lines 1 and 2 3 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Deduction for net operating loss. See instructions 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 Trusts. Section 199A deduction. See instructions 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 1 0. 9 Trusts. Section 199A deduction. See instructions for tax computation. Income tax on the amount on Part II Tax Computation 1 0. 10 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 10 Other ta	J Enter the number of	f attached S	Schedules A (Form 990-T)					1
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6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.								
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.								
	-		-					
				•			7	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-7 (2022)			Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e 70.			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7	10	,321.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	10	,321.
	Enter the amount of line 10 you want: Credited to 2023 estimated tax 10, 321. Refunded	11		0.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	s No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			x
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			x
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 6	3.	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL ca	arryove	r	
	\$			
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
Devet	explain in Part V		<u></u>	

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	correct, and complete. Declaration of preparer (other Signature of officer	than taxpayer) is based on all infor Date	PRESIDENT			May the IRS discuss this return with the preparer shown below (see		
		Dale	Title			Instru	uctions)? X Yes No	
	Print/Type preparer's name	Preparer's signature		Date	Check	jif	PTIN	
Paid					self- employ	/ed		
Prepare	LAUREN A. HAVERLOCK						P00545829	
Use Only					Firm's EIN		91-0189318	
		21700 OXNARD ST. STE 300						
	Firm's address WOODLAND HIL	LS, CA 91367			Phone no.	818	8-577-1900	
223711 01-16-	23						Form 990-T (2022)	

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2022.05040 MUSIC CENTER FOUNDATION

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

23 - 7298290

D Sequence:

Α	Name of the organization					
	MUSIC	CENTER	FOUNDATION			

C Unrelated business activity code (see instructions) 90110

901101

E Describe the unrelated trade or business QUALIFYING INVESTMENT ACTIVITIES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	0.		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 1	5	-13,561.		-13,561.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-13,561.		-13,561.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance	3			
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses				1,856.
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement) SEI				10,700.
15	Total deductions. Add lines 1 through 14			15	12,556.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	-26,117.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-26,117.
I HA	For Paperwork Reduction Act Notice, see instructions.			Schedule A	(Form 990-T) 2022

223741 01-16-23

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	ıle A (Form 990-T) 2022					Page 2
Part I	II Cost of Goods Sold Enter met	thod of inventory valuati	on			
1	Inventory at beginning of year			1		
2	Purchases				_	
3	Cost of labor					
4	Additional section 263A costs (attach statement)				_	
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year			7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2				
9	Do the rules of section 263A (with respect to property				Yes	No
Part I	V Rent Income (From Real Property and	d Personal Proper	ty Leased with R	eal Property)		
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See instr	uctions.		
	A					
	в					
	c					
	D	<u>г т</u>	I			
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	and on Part I, line 6, c	olumn (A)		٥.
	Deductions directly connected with the income					
4	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through D. E		line 6, column (B)			0.
Part V		/				
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	instructions.		
	A					
	B					
	c					
	D		_			
_		Α	В	C	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5		%		%	%
7	Gross income reportable. Multiply line 2 by line 6 \dots					
8	Total gross income (add line 7, columns A through D). Enter here and on Par	t I, line 7, column (A)			0.
		· · · · · · · · · · · · · · · · · · ·				
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A th					0.
11	Total dividends-received deductions included in line	e 10				0.
223721 0	1-16-23	53		Sched	lule A (Form 990)-T) 2022

2022.05040 MUSIC CENTER FOUNDATION 704411_1

Cohod	ula A (Form 000 T) 0000											1 Daga 2
Part	ule A (Form 990-T) 2022 VI Interest, Annu	≟ uities, Roy	alties, and Ro	ents fron	n Control	led Or	ganizations	S (see	e instructi	ions)		Page 3
			· · ·				Exempt Control	,		,		
	1. Name of controlled organization	ed	2. Employer identification number	incon	unrelated ne (loss) structions)		al of specified nents made	that is i contro	t of colun included i illing orga	in the niza-	6. Deduction connect income in	ed with
(1)				,					gross inc	one		
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	ganizati	ons			•		
7	. Taxable Income	inc	et unrelated ome (loss) nstructions)		otal of specif yments mad		10. Part of that is inc controlling gross	luded ir	n the ation's		Deductions connected come in colu	with
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here a line 8, c	and on	Part I,	Ente	d columns 6 er here and line 8, colun	on Part I,
Part	VII Investment I	Income o	f a Section 50	1(c)(7), (9), or (17)	Orgar	nization (se	ee instri	uctions)			
	1. Desc	cription of in	come		2. Amou incor		3. Deduction directly connection (attach stater	ected	4. Set-a (attach st		nt) and s	deductions et-asides ols 3 and 4)
(1)												
(2)												
(3)												
(4)						unto in		_			A states	
_					Add amor column 2 here and o line 9, colu	. Enter n Part I, ımn (A)					colum here an	mounts in In 5. Enter d on Part I, column (B)
Totals Part		· · · · · · · · · · · · · · · · · · ·		<u> </u>		0.						0.
		-	tivity Income	, ouier I		rusinę	y income (see inst	ructions)	T		
1	Description of exploite Gross unrelated busin			Fata		- David I	line 10 selver	- (A)				
2	Expenses directly con									2		
3			•							3		
4	Net income (loss) from		rade or business							3		
-	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable								r	6		
7	Excess exempt expension									-		
	4. Enter here and on P									7		

Schedule A (Form 990-T) 2022

15350205 146892 704411

Sched	ule A (Form 990-T) 2022					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more period	icals on a cons	olidated basis		
	Α 🗌					
	В					
	c 🖂					
	D					
Enter :	amounts for each periodical listed above in the	corresponding colum	n			
Linter		A		В	С	D
2	Gross advertising income		·		v	
2			<u>ا</u>			0.
-	Add columns A through D. Enter here and or	Part I, line TT, colum	п (А)			•.
a	5					
3						0.
а	Add columns A through D. Enter here and or	Part I, line 11, colum	n (B)			υ.
						
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
	lines 5 through 7, and enter zero on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		olumns total o	r zero here and	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and Trus	stees (see ir	nstructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u> </u>						
Total	Enter here and on Part II, line 1					0.
Part		ee instructions)			I	
	••					

1

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
DEERFIELD PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS) DEERFIELD PRIVATE DESIGN FUND III, LP - ORDINARY BUSINESS	1,942.
INCOME (LOSS)	-2,213.
DEERFIELD RCA HOLDINGS, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-8,907.
LEGACY VENTURE IV, LLC - ORDINARY BUSINESS INCOME (LOSS) LEGACY VENTURE VI (QP), LLC - ORDINARY BUSINESS INCOME	-432.
(LOSS)	-15.
LEGACY VENTURE VIII, LLC - ORDINARY BUSINESS INCOME (LOSS)	715.
SPUR VENTURES II, LP - ORDINARY BUSINESS INCOME (LOSS) WAYZATA OPPORTUNITIES FUND II, LP - ORDINARY BUSINESS	76.
INCOME (LOSS)	-241.
OCM OPPORTUNITIES FUND VIIB AIF (DELAWARE), LP - ORDINARY	
BUSINESS INCOME (L	-1.
DEERFIELD PRIVATE DESIGN FUND V, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-5,691.
LEGACY VENTURE IX, LLC - ORDINARY BUSINESS INCOME (LOSS)	831.
LEGACY VENTURE X, LLC - ORDINARY BUSINESS INCOME (LOSS)	375.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-13,561.

FORM 990-	-Т (А)	OTHE	R DEDUCTIONS	STATEMENT	2
DESCRIPT:	ION			AMOUNT	
TAX PREP	FEES			10),700.
TOTAL TO	SCHEDULE A,	PART II, LINE 1	4),700.

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Employer identification number

MUSIC	CENTER	FOUNDATION

Yes	Х	No
-----	---	----

Did the corporation dispose of						Yes X No
If "Yes," attach Form 8949 ar						
		and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to comp round off cents to whole dollars.		(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term tran reported on Form 1099-B fo was reported to the IRS and have no adjustments (see in However, if you choose to re transactions on Form 8949, blank and go to line 1b	r which basis for which you structions). eport all these					
1b Totals for all transactions re	ported on					
Form(s) 8949 with Box A ch	ecked					
2 Totals for all transactions re	ported on					
Form(s) 8949 with Box B ch	ecked					
3 Totals for all transactions re	ported on					
Form(s) 8949 with Box C ch	ecked					
4 Short-term capital gain from	installment sales from	n Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (I					5	
6 Unused capital loss carryove	er (attach computation))			6	()
7 Net short-term capital gain of Part II Long-Term	or (loss). Combine line				7	
Part II Long-Term	Capital Gains a	and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure to enter on the lines below. This form may be easier to comp round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term trans on Form 1099-B for which b reported to the IRS and for v no adjustments (see instruc- if you choose to report all th on Form 8949, leave this lim- line 8b	asis was which you have tions). However, ese transactions e blank and go to					
8b Totals for all transactions re	ported on					
Form(s) 8949 with Box D ch	ecked					
9 Totals for all transactions re	ported on					
Form(s) 8949 with Box E ch	ecked					
10 Totals for all transactions re	ported on					
Form(s) 8949 with Box F ch	ecked					-52.
11 Enter gain from Form 4797,					11	
12 Long-term capital gain from	installment sales from	n Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (I	oss) from like-kind exc	hanges from Form 8824			13	
14 Capital gain distributions					14	
15 Net long-term capital gain o		s 8a through 14 in colum	nh		15	-52.
	of Parts I and II					
16 Enter excess of net short-ter					16	
17 Net capital gain. Enter exces					17	
18 Add lines 16 and 17. Enter h	nere and on Form 1120	, page 1, line 8, or the ap	plicable line on other returns		18	0.
Note: If losses exceed gains	, see Capital Losses	in the instructions.				

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

Form 8949 (2022)				Attachn	nent Sequen	_{ce No.} 12A	Page 2	
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.	
MUSIC CENTER FOUNDATI	ON					23-7	298290	
Before you check Box D, E, or F belo statement will have the same informa	ow, see whether ation as Form 10	ou received any 99-B. Either will s	Form(s) 1099-B o	or substitute statem Ir basis (usually you	ent(s) from y r cost) was r	our broker. A su eported to the IF	bstitute IS by your	
Part II Long-Term. Transaction see page 1.		al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term t	ransactions,	
Note: You may aggregate all codes are required. Enter the								
You must check Box D, E, or F below. O	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate Fo	orm 8949, page 2, for (
If you have more long-term transactions than will (D) Long-term transactions reg					=			
(E) Long-term transactions rep	·	,		,	NOLE ADOV	e)		
X (F) Long-term transactions not	•		-					
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)	
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		enter an amount), enter a code in	Gain or (loss).	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f).	See instructions.	Subtract column (e) from column (d) &	
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)	
STRATEGIC INVESTORS FUND						44,40		
VIII LP							39.	С
LEGACY VENTURE IV, LLC							-92.	C
LEGACY VENTURE VIII, LLC							1.	C
2 Totals. Add the amounts in colur								
negative amounts). Enter each to		-						
Schedule D, line 8b (if Box D abo							-52.	
above is checked), or line 10 (if E Note: If you checked Box D above b			was incorrect and	l ter in column (a) tha	hasis as ror	orted to the IPC		
adjustment in column (g) to correct t								

223012 10-24-22

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Employer identification number

MUSIC	CENTER	FOUNDATION

MUSIC CENTER FOUNDATION	23-7298290						
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?							
f "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.							
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less							
One instructions for how to figure the ensemble							

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less							
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the		
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (.g)	result with column (g)		
 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked							
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kin				5			
6 Unused capital loss carryover (attach comput	ation)			6	()		
7 Natabaut tours constal asis on (loss). Complia	a lines de deveuels Clie selumen			7			
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					-52.		
11 Enter gain from Form 4797, line 7 or 9				11			
12 Long-term capital gain from installment sales				12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine		nh		15	-52.		
Part III Summary of Parts I and					•		
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	al loss (line 15)		16			
17 Net capital gain. Enter excess of net long-tern				17			
	18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 0.						

Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120. LHA

Schedule D (Form 1120) 2022

Form 8949 (2022)				Attachn	nent Sequen	ce No. 12A	Page 2
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
MUSIC CENTER FOUNDATI							298290
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 10 box to check.	you received any 99-B. Either will s	Form(s) 1099-B (show whether you	or substitute statem ır basis (usually you	ent(s) from y r cost) was r	our broker. A superior of the IF	bstitute IS by your
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	e generally long-term (s	ee instruction	s). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. O If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	•			eported to the IRS			
(F) Long-term transactions not					Adjustment	if any, to gain or	(1)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column (g column (f).	enter an amount g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
STRATEGIC INVESTORS FUND							
VIII LP				-			39.
LEGACY VENTURE IV, LLC LEGACY VENTURE VIII, LLC							<92.>
							<u> </u>
				-			
				-			
2 Totals. Add the amounts in colur	nns (d) (e) (a) a	nd (h) (subtract					<u> </u>
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E	Box F above is cl	necked)					<52.>
Note: If you checked Box D above b adjustment in column (g) to correct t	-						
223012 10-24-22							orm 8949 (2022)